

# EXHIBIT E



			Page 2	Page 4
1	A P P E A R A N C E S		1	E X H I B I T S (CONTINUED)
2	FOR PLAINTIFF:		2	No. Description Page
3	P. LEIGH O'DELL, ESQUIRE		3	10 Article from CAP Today 82
4	BEASLEY ALLEN CROW METHVIN PORTIS		4	
	& Miles, P.C.		5	
5	218 Commerce Street		6	
6	Montgomery, AL 36104		7	
	Tel: 334.269.2343		8	
6	Fax: 334.954.7555		9	
	Email: Leigh.Odell@BeasleyAllen.com		10	
7			11	
8	FOR DEFENDANTS:		12	
9	S. PETER VOUDOURIS, ESQUIRE		13	
10	TUCKER ELLIS, LLP		14	
11	950 Main Avenue, Suite 1100		15	
12	Cleveland, OH 44113		16	
	Tel: 216.592.5000		17	
11	Fax: 216.592.5009		18	
12	Email: peter.voudouris@tuckerellis.com		19	
13			20	
14	TRACI L. SHAFROTH, ESQUIRE		21	
15	TUCKER ELLIS, LLP		22	
16	One Market Plaza, Steuart Tower		23	
17	Suite 700		24	
18	San Francisco, CA 94105		25	
19	Tel: 415.617.2400			
20	Fax: 415.617.2409			
21	Email: traci.shafroth@tuckerellis.com			
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23				
24				
25				
			Page 3	Page 5
1	I N D E X		1	
2	Examinations	Page	2	BE IT REMEMBERED THAT, pursuant to the laws
3	BY MR. VOUDOURIS	5	3	pertaining to the taking and use of depositions,
4	BY MS. O'DELL	78	4	and on THURSDAY, MARCH 17, 2016, commencing at the
5	FURTHER EXAMINATION BY MR. VOUDOURIS	82	5	hour of 4:10 P.M. thereof, at the STANFORD PARK
6	FURTHER EXAMINATION BY MS. O'DELL	86	6	HOTEL, 100 El Camino Real, Menlo Park, CA
7			7	California, before me, LUCY CARRILLO-GRUBBS, CRP,
8			8	RMR, CRR, RPR, CSR No. 6766, a Certified Shorthand
9			9	Reporter in and for the State of California,
10	E X H I B I T S		10	personally appeared
11	No. Description Page		11	
12	1 Amended Notice of Deposition of	5	12	KIMBERLY H. ALLISON, M.D.
13	Kimberly H. Allison		13	
14	2 Rule 26 Expert Report of Kimberly H.	5	14	being called as a witness by the Defendants, who,
15	Allison, M.D.		15	having been by me first duly sworn, was thereupon
16	3 Curriculum vitae	5	16	examined and interrogated as hereinafter set forth.
17	4 Facts or data considered in forming	5	17	-oOo-
18	opinions		18	(Defendants' Exhibit No. 1, 2, 3, 4, 5, 6 and 7
19	5 Excel spreadsheet titled Exhibit C	5	19	were marked for identification.)
20	6 Expert report of Teri Longacre, M.D.	5	20	-o-
21	7 Expert report of Hannes Vogel, M.D.	5	21	EXAMINATION
22	8A- Photos of slides, Bates stamped Phelps	14	22	BY MR. VOUDOURIS:
23	8E 09-S-2400 1A 2x		23	Q. Good afternoon, Dr. Allison.
24	9 Document from the Department of	23	24	A. Good afternoon.
25	Pathology and Laboratory Medicine		25	Q. Next on the agenda, among other things, is

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<p>1 a discussion about your opinion in the Phelps case.</p> <p>2 But just for the record, at the beginning</p> <p>3 of the deposition counsel for the plaintiffs and I</p> <p>4 had a discussion on the record in which we outlined</p> <p>5 our positions about the scope of your testimony and</p> <p>6 inquiry today and we both agreed to copy that</p> <p>7 verbatim, if need be, at the beginning of this</p> <p>8 transcript, or at least note that we're in</p> <p>9 agreement that our soliloquy from the beginning of</p> <p>10 the Thompson case also applies to the Phelps case.</p> <p>11 MS. O'DELL: And just to be clear, we've</p> <p>12 offered Dr. Allison as a case specific expert and</p> <p>13 she's not offered in this litigation as a general</p> <p>14 causation expert; therefore, her depositions by</p> <p>15 agreement of counsel are limited to two hours.</p> <p>16 Is that fair?</p> <p>17 MR. VOUDOURIS: I don't know about agreement of</p> <p>18 counsel, but I understand what you're saying.</p> <p>19 MS. O'DELL: No. The agreement of counsel</p> <p>20 relates to case specific experts being limited to</p> <p>21 two hours and that's been agreed to by -- at the</p> <p>22 county counsel in the Plaintiffs' Steering</p> <p>23 Committee, that's what I was referring to.</p> <p>24 Okay.</p> <p>25 BY MR. VOUDOURIS:</p>	<p>1 record, please?</p> <p>2 A. This is my expert report.</p> <p>3 Q. Which covers the Phelps case?</p> <p>4 A. Yes, it covers the Phelps case.</p> <p>5 Q. Now handing you Defendants' Exhibit 3.</p> <p>6 Could you please identify that for the</p> <p>7 record, please?</p> <p>8 A. This is my current CV.</p> <p>9 Q. And the same applies to your testimony in</p> <p>10 the Thompson case, this CV is current and</p> <p>11 up-to-date?</p> <p>12 A. Yes.</p> <p>13 Q. No additions or deletions?</p> <p>14 A. No additions or deletions.</p> <p>15 Q. Hand you what's Defendants' Exhibit 4.</p> <p>16 Could you please identify that for the</p> <p>17 record, please?</p> <p>18 A. These are the facts or data considered in</p> <p>19 forming opinions, it's a reference list.</p> <p>20 Q. And that also applies to the Thompson</p> <p>21 case?</p> <p>22 A. Yes.</p> <p>23 Q. And applies to all the cases that you've</p> <p>24 reviewed?</p> <p>25 A. Yes.</p>
<p>1 Q. Dr. Allison, I have marked as Defendants'</p> <p>2 Exhibit 1.</p> <p>3 Could you please identify that for the</p> <p>4 record, please?</p> <p>5 A. This is the notice of deposition.</p> <p>6 Q. And you've seen that document before?</p> <p>7 A. Yes.</p> <p>8 MS. O'DELL: And, Counsel, just --</p> <p>9 MR. VOUDOURIS: And counsel for plaintiff, why</p> <p>10 don't you just reiterate your position regarding</p> <p>11 schedule A.</p> <p>12 MS. O'DELL: You read my mind.</p> <p>13 On March the 15th we filed responses and</p> <p>14 objections to schedule A to the notice of</p> <p>15 deposition and I reassert those at this time. I</p> <p>16 believe those were filed as document No. 92, but</p> <p>17 I'm not sure, I could be wrong.</p> <p>18 MR. VOUDOURIS: And in the places where you did</p> <p>19 not file an objection, Dr. Allison has brought the</p> <p>20 materials with her today responsive to schedule A?</p> <p>21 MS. O'DELL: That is correct.</p> <p>22 BY MR. VOUDOURIS:</p> <p>23 Q. Dr. Allison, defendants are handing you</p> <p>24 Defendants' Exhibit 2.</p> <p>25 Could you please identify that for the</p>	<p>1 Page 7</p> <p>1 Q. Handing you what's Defendants' Exhibit 6.</p> <p>2 MS. SHAFROTH: This one's 5.</p> <p>3 BY MR. VOUDOURIS:</p> <p>4 Q. And I'm sorry, I went out of order. Let</p> <p>5 me hand you Defendants' Exhibit 5 first.</p> <p>6 Can you identify that for the record,</p> <p>7 please?</p> <p>8 A. This is a spreadsheet with my pathology</p> <p>9 record review findings.</p> <p>10 Q. That includes the Thompson case?</p> <p>11 A. That includes the Thompson case and the</p> <p>12 Phelps case.</p> <p>13 Q. Defendants' Exhibit 6?</p> <p>14 A. This is the expert report of Dr. Longacre.</p> <p>15 Q. And you testified that you had read that</p> <p>16 before or at least you received a copy before your</p> <p>17 deposition in the Thompson case, correct?</p> <p>18 A. Correct.</p> <p>19 Q. Defendants' Exhibit 7?</p> <p>20 A. The expert report of Hannes Vogel.</p> <p>21 Q. And Dr. Vogel's a professor of</p> <p>22 neuropathology at Stanford, correct?</p> <p>23 A. Correct.</p> <p>24 Q. Handing you Defendants' Exhibit 8A through</p> <p>25 E.</p>

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<p>1 Could you please identify that for us, 2 please?</p> <p>3 A. These are copies of the photos that I took 4 of Ms. Phelps's pathology.</p> <p>5 Q. Are those all the photos that you took?</p> <p>6 A. Yes.</p> <p>7 Q. Handing you what we previously marked at 8 Defendants' Exhibit 2. This is your expert report, 9 and I want to refer you to page 13.</p> <p>10 And is that where you list your rate for 11 reviewing these cases?</p> <p>12 A. Yes.</p> <p>13 Q. And what do you charge an hour?</p> <p>14 A. \$685 an hour.</p> <p>15 Q. I believe in earlier deposition testimony 16 I read in one of your Bard cases, you said you 17 consulted some Stanford colleagues to come up with 18 that number, is that accurate?</p> <p>19 MS. O'DELL: Object to form.</p> <p>20 THE WITNESS: I did, yes.</p> <p>21 BY MR. VOUDOURIS:</p> <p>22 Q. Who were those Stanford colleagues?</p> <p>23 A. It was not Dr. Longacre.</p> <p>24 Q. And it was not Dr. Vogel, was it?</p> <p>25 A. No.</p>	<p>1 A. Not necessarily.</p> <p>2 Q. Why do you say that?</p> <p>3 A. It's the amount I think my time is worth.</p> <p>4 Q. So you don't think that the amount that 5 you charge should have any relation to your level 6 of experience?</p> <p>7 MS. O'DELL: Object to the form.</p> <p>8 THE WITNESS: It's one part of it, for sure.</p> <p>9 But it's my -- what -- what rate would be 10 personally worth it to me to take time out of my 11 normal career to look at a legal case, and I'm only 12 taking cases that I am interested in taking, but...</p> <p>13 Q. Do you believe that Dr. Longacre has more 14 experience than you do in the field of GYN 15 pathology?</p> <p>16 A. Yes. She's been practicing a lot longer 17 than me, and she's well known as an expert in the 18 field.</p> <p>19 Q. And well respected, correct?</p> <p>20 A. Yes.</p> <p>21 Q. You value her opinions, don't you?</p> <p>22 A. Yes, I do.</p> <p>23 Q. I'm going to hand you what we've marked as 24 Defendants' Exhibit No. 6.</p> <p>25 A. Okay.</p>
<p>Page 11</p> <p>1 Q. Do you remember who it was?</p> <p>2 A. Dr. Berry. He didn't tell me exactly what 3 to charge, he just gave me a range. I was also 4 charging about Dr. Longacre's rate back in 5 Washington. I didn't know what Dr. Longacre's rate 6 was at the time.</p> <p>7 And when I moved here and the taxes were 8 much higher, I wanted to earn a similar amount and 9 so I raised my rate.</p> <p>10 Q. Do you remember the range that Dr. Berry 11 gave you?</p> <p>12 A. Four to 600.</p> <p>13 Q. Do you believe that the rate that you 14 charge for review of these cases should be 15 commissariat with your experience?</p> <p>16 A. Well, I consider myself an expert in 17 breast and GYN pathology and I don't -- I don't 18 have the information of what all of the other 19 experts are charging, it's not transparent all the 20 time. And I don't want to set my rates low enough 21 that I'm constantly being asked to do legal cases.</p> <p>22 Q. Is it -- I'm sorry, I believe my question 23 was: Do you believe that the rate that you charge 24 for review of these cases should be commissariat 25 with your experience?</p>	<p>Page 13</p> <p>1 Q. Is that Dr. Longacre's report?</p> <p>2 A. Yes.</p> <p>3 Q. And I think your thumb might have the page 4 on it, do you see how much Dr. Longacre charges an 5 hour?</p> <p>6 A. Yes.</p> <p>7 Q. What does she charge?</p> <p>8 A. \$500 an hour.</p> <p>9 Q. And Dr. Vogel. Dr. Vogel, I don't think 10 you'd argue with me, is well known in the field of 11 neuropathology?</p> <p>12 A. Yes.</p> <p>13 Q. He's highly respected?</p> <p>14 A. Yes.</p> <p>15 Q. Do you know how many years he's been at 16 Stanford?</p> <p>17 A. No.</p> <p>18 Q. I'm going to hand you what's marked as 19 Defendants' Exhibit 7. And I refer you to what's 20 the page on the bottom?</p> <p>21 A. 20.</p> <p>22 Q. And does that indicate what Dr. Vogel 23 charges an hour for -- to perform the similar tasks 24 that you're doing?</p> <p>25 A. Yes.</p>

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<p>1 Q. And what does he charge?</p> <p>2 A. \$500 an hour.</p> <p>3 Q. So do you believe your time is worth</p> <p>4 more -- your professional time is worth more than</p> <p>5 Dr. Longacre and Dr. Vogel?</p> <p>6 A. Well, those two are full professors and</p> <p>7 they don't have to worry about being promoted</p> <p>8 anymore. I'm an associate professor, and if I'm</p> <p>9 taking time out from the things that I should be</p> <p>10 focusing on for my career to do a legal case, this</p> <p>11 was the rate that I felt would make it personally</p> <p>12 worth it to me. And people are welcome to not hire</p> <p>13 me as an expert at that rate.</p> <p>14 Q. Has any plaintiffs' firm told you that</p> <p>15 your rate's too high?</p> <p>16 A. I have heard that before, once.</p> <p>17 Q. By a plaintiffs' firm?</p> <p>18 A. By -- no, maybe not by a plaintiffs' firm.</p> <p>19 Q. So they'll pay what you charge?</p> <p>20 MS. O'DELL: Object to the form.</p> <p>21 THE WITNESS: I have been paid what I charge,</p> <p>22 yes.</p> <p>23 (Defendants' Exhibit No. 8A to 8E were marked</p> <p>24 for identification.)</p> <p>25 BY MR. VOUDOURIS:</p>	<p>1 MS. O'DELL: Yes. And also listed on the</p> <p>2 materials list, which I believe you marked as</p> <p>3 Exhibit 4.</p> <p>4 BY MR. VOUDOURIS:</p> <p>5 Q. And you read all of those medical records?</p> <p>6 A. Yes.</p> <p>7 Q. What else?</p> <p>8 A. Reviewed and organized her slides and</p> <p>9 her -- read her pathology report, photographed her</p> <p>10 pathology.</p> <p>11 Q. Anything else?</p> <p>12 A. Discussed the cases with counsel.</p> <p>13 Q. And those four items only were four to</p> <p>14 five hours?</p> <p>15 A. That would be my estimate.</p> <p>16 Q. Did you read any depositions?</p> <p>17 A. Felix was provided to me, I've reviewed</p> <p>18 that this morning.</p> <p>19 Q. Okay.</p> <p>20 Dr. Felix hasn't been deposed in this case</p> <p>21 yet, so --</p> <p>22 MS. O'DELL: I think he's -- she's referring to</p> <p>23 the report.</p> <p>24 MR. VOUDOURIS: I understand that.</p> <p>25 THE WITNESS: Yes, you're right, I'm sorry.</p>
<p style="text-align: center;">Page 15</p> <p>1 Q. And I'm sorry, Defendants' Exhibits 8A</p> <p>2 through E -- good, there wasn't a question pending.</p> <p>3 Those are the photomicrographs you took?</p> <p>4 A. Yes.</p> <p>5 Q. Regarding Ms. Phelps?</p> <p>6 A. Yes.</p> <p>7 Q. Do you have an idea -- any idea how many</p> <p>8 hours you've spent on the Phelps case?</p> <p>9 A. Probably a similar total amount. I said</p> <p>10 before between four to six hours, I believe, four</p> <p>11 to five hours.</p> <p>12 Q. So you believe you spent five hours</p> <p>13 reviewing the Phelps case?</p> <p>14 MS. O'DELL: Object to the form, she said</p> <p>15 between four to five.</p> <p>16 THE WITNESS: Yes. What I said, it was between</p> <p>17 four and five.</p> <p>18 BY MR. VOUDOURIS:</p> <p>19 Q. And what did you review to come to your</p> <p>20 opinions in the Phelps case?</p> <p>21 A. I reviewed her medical records.</p> <p>22 Q. All of them?</p> <p>23 A. All of the ones provided to me.</p> <p>24 Q. And those would be on the jump drive that</p> <p>25 you have?</p>	<p style="text-align: center;">Page 17</p> <p>1 BY MR. VOUDOURIS:</p> <p>2 Q. My question was depositions.</p> <p>3 A. No.</p> <p>4 Q. That's okay.</p> <p>5 Have you read any depositions regarding</p> <p>6 the Phelps case?</p> <p>7 A. No, I have not.</p> <p>8 Q. So you didn't read any of the healthcare</p> <p>9 providers' depositions; is that correct?</p> <p>10 A. No, I have not.</p> <p>11 Q. Or Mr. and Mrs. Phelps?</p> <p>12 A. No. Definitely not.</p> <p>13 Q. And you reviewed Dr. Felix's report this</p> <p>14 morning?</p> <p>15 A. Yes.</p> <p>16 Q. Do you have that with you?</p> <p>17 A. I had an electronic copy, I don't think I</p> <p>18 have a printout of it.</p> <p>19 Q. Based on your review of Dr. Felix's</p> <p>20 report, do you have any objections with what he</p> <p>21 wrote in his report?</p> <p>22 MS. O'DELL: If you've got a question, Counsel,</p> <p>23 about Dr. Felix's report, I'm sure, being the</p> <p>24 qualified, very prepared lawyer that you are, that</p> <p>25 you have a copy that you can provide to Dr. Allison</p>

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<p>1 and she can answer your questions.</p> <p>2 But in the abstract, I think it's an</p> <p>3 unfair question you've asked her.</p> <p>4 BY MR. VOUDOURIS:</p> <p>5 Q. Can you answer my question?</p> <p>6 A. I would like to be more specific, I'm sure</p> <p>7 there were things in there that I disagreed with.</p> <p>8 I only got to review it very quickly.</p> <p>9 Q. What does very quickly mean?</p> <p>10 A. Scanning it over lunch, basically.</p> <p>11 Q. Anything else that you scanned over</p> <p>12 briefly at lunch?</p> <p>13 A. No. Not other than reviewing my own</p> <p>14 things I'd reviewed initially.</p> <p>15 Q. Obviously you didn't have Dr. Felix's</p> <p>16 report before you issued yours, but have we covered</p> <p>17 the universe of materials you reviewed to come to</p> <p>18 your opinions in the Phelps case?</p> <p>19 A. Have we covered the universe of opinions?</p> <p>20 Q. Information that you reviewed to come to</p> <p>21 your opinions in the Phelps case?</p> <p>22 A. During this testimony here? I don't think</p> <p>23 we've reviewed it.</p> <p>24 Q. No, I'm asking you --</p> <p>25 A. Oh, the material that I used?</p>	<p>1 A. Okay.</p> <p>2 Q. 8A, is that an H&amp;E stain?</p> <p>3 A. Yes.</p> <p>4 Q. Why don't you go through and tell us the</p> <p>5 type of stain.</p> <p>6 A. B is an H&amp;E stain, C is an H&amp;E stain, D is</p> <p>7 an H&amp;E stain, and E is an S100 stain.</p> <p>8 Q. And were these provided to you with those</p> <p>9 stains or did you have tissue and then stain them</p> <p>10 yourself?</p> <p>11 A. They were provided to me.</p> <p>12 Q. And was all you were provided with was</p> <p>13 slides?</p> <p>14 A. Yes.</p> <p>15 Q. Other than the other documents that we</p> <p>16 already talked about.</p> <p>17 A. Right.</p> <p>18 Q. Have you talked -- have you spoken with</p> <p>19 the plaintiffs?</p> <p>20 A. Have I spoken with them?</p> <p>21 Q. Yes.</p> <p>22 A. No.</p> <p>23 Q. Okay.</p> <p>24 Any of Ms. Phelps's healthcare providers?</p> <p>25 A. No.</p>
<p style="text-align: center;">Page 19</p> <p>1 Q. Yes, yes.</p> <p>2 A. Yes, we have.</p> <p>3 Sorry.</p> <p>4 Q. By the way, did you make any notes?</p> <p>5 A. No. I have no notes.</p> <p>6 Q. Do you have any notes in any of the cases</p> <p>7 that you reviewed against Ethicon?</p> <p>8 A. No. My notes are basically those</p> <p>9 spreadsheets.</p> <p>10 Q. Exhibit 5?</p> <p>11 A. Yes.</p> <p>12 Q. That would constitute your notes?</p> <p>13 A. Yes.</p> <p>14 MR. VOUDOURIS: Off the record.</p> <p>15 (Brief discussion off the record.)</p> <p>16 BY MR. VOUDOURIS:</p> <p>17 Q. Did you do any type of chemical analysis</p> <p>18 on Ms. Phelps's sample?</p> <p>19 A. No.</p> <p>20 Q. Was your evaluation of her tissue limited</p> <p>21 to light microscopy?</p> <p>22 A. Yes.</p> <p>23 Q. And if we look at your photomicrographs</p> <p>24 from Exhibit 8, you have -- do you mind if I come</p> <p>25 over your shoulder?</p>	<p style="text-align: center;">Page 21</p> <p>1 Q. You've never met Ms. Phelps, have you?</p> <p>2 A. No.</p> <p>3 Q. Did you talk to anyone else about</p> <p>4 Ms. Phelps?</p> <p>5 A. Other than counsel, no.</p> <p>6 Q. Looking at Exhibit 5, can you tell us what</p> <p>7 your opinions are regarding Ms. Phelps?</p> <p>8 MS. O'DELL: You could also look at your</p> <p>9 report, Dr. Allison, feel free to do that.</p> <p>10 THE WITNESS: So I reviewed the medical records</p> <p>11 and pathology on Ms. Phelps, and the spreadsheet</p> <p>12 shows the date that her mesh was implanted was back</p> <p>13 in July of 2000.</p> <p>14 BY MR. VOUDOURIS:</p> <p>15 Q. And she had a TVT?</p> <p>16 A. And she had a TVT. And then she had --</p> <p>17 she had multiple symptoms prior to the removal of</p> <p>18 the specimen that I reviewed. She presented in</p> <p>19 October of 2005 and in November of 2008 with</p> <p>20 vaginal pressure, pelvic pain, dyspareunia, bladder</p> <p>21 pain and pressure and urinary leakage. They saw</p> <p>22 mesh erosion on cystoscopy in December of 2008.</p> <p>23 And then in -- on January of 2009 she had resection</p> <p>24 of the eroded mesh, which is the specimen I</p> <p>25 received for review.</p>

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<p>1        The --</p> <p>2        Q. I'm sorry, again, that specimen correlates</p> <p>3        with what date?</p> <p>4        A. It correlates with February 11th -- wait.</p> <p>5        Sorry, it was her second revision. She had -- she</p> <p>6        had the January 2009 resection, which I did not</p> <p>7        review, and then in February of 2009, a month</p> <p>8        later, there was an additional area of erosion and</p> <p>9        that was what I reviewed, a month apart.</p> <p>10       So the mesh removed was described grossly</p> <p>11       in the pathology report, and on my review of the</p> <p>12       specimen submitted for microscopic examination from</p> <p>13       that procedure she had mucosal and submucosal</p> <p>14       tissue with abundant mesh fibers surrounding</p> <p>15       fibrosis, some mild chronic inflammation, and</p> <p>16       trapped nerves that were present. You could see</p> <p>17       them on H&amp;E and on the S100 stain.</p> <p>18       There was so-called tree barking or the --</p> <p>19       the rim of the damaged mesh fiber present in the --</p> <p>20       invisible in the H&amp;E slides of the mesh fibers</p> <p>21       within the tissue. And then there was also</p> <p>22       separate tissue that was submitted as rule out</p> <p>23       foreign material, and it was skeletal muscle that</p> <p>24       is completely scarred and damaged.</p> <p>25       And that's what's in images C and D.</p>	<p>1        too, that's not relevant.</p> <p>2        MR. VOUDOURIS: Off the record.</p> <p>3        (Brief discussion off the record.)</p> <p>4        MR. VOUDOURIS: Back on the record.</p> <p>5        Q. Dr. Allison, I'm sorry, the original</p> <p>6        Exhibit 9 had some other records on the back of it.</p> <p>7        So this Exhibit 9 that we've just handed</p> <p>8        you, can you identify that, please?</p> <p>9        A. Yes, it's the surgical pathology report</p> <p>10       for the February 2009 mesh removal.</p> <p>11       Q. And you have a copy of that report in</p> <p>12       front of you?</p> <p>13       A. Yes.</p> <p>14       Q. And this relates to the slides that you</p> <p>15       reviewed and put your comments on Exhibit 5?</p> <p>16       A. Yes.</p> <p>17       Q. Is there any microscopic analysis done on</p> <p>18       this report?</p> <p>19       A. On the pathology report?</p> <p>20       Q. Correct.</p> <p>21       A. Yes. It looks like they submitted tissue</p> <p>22       from both parts, from microscopic examination and</p> <p>23       they have a final diagnosis that is based on</p> <p>24       microscopic examination.</p> <p>25       Q. And that's under final diagnosis?</p>
<p style="text-align: center;">Page 23</p> <p>1        Q. And what images did you see mesh?</p> <p>2        A. The images labeled A and B contained mesh,</p> <p>3        and that was -- let me look up the pathology</p> <p>4        report. If you look up the pathology report, I</p> <p>5        believe that was part A. Let me make sure.</p> <p>6        So according to the pathology report,</p> <p>7        there were two specimens received. Part A was the</p> <p>8        sling resection and those images that I've taken</p> <p>9        are from part A, 1A. And the second specimen was</p> <p>10       the rule out foreign material and that was the</p> <p>11       scarred skeletal muscle.</p> <p>12       (Defendants' Exhibit No. 9 was marked for</p> <p>13       identification.)</p> <p>14       BY MR. VOUDOURIS:</p> <p>15       Q. Dr. Allison, I'm going to hand you what we</p> <p>16       marked as Defendants' Exhibit 9.</p> <p>17       Can you please identify that for the</p> <p>18       record?</p> <p>19       A. This is the surgical pathology report from</p> <p>20       the February 11th, 2009 surgery that she underwent.</p> <p>21       Q. Is that the same report that you're</p> <p>22       referencing?</p> <p>23       A. Yes, it does look like it's the same.</p> <p>24       Q. That you --</p> <p>25       A. There's something on the back of the page</p>	<p style="text-align: center;">Page 25</p> <p>1        A. Yes.</p> <p>2        Q. Does the pathologist here document that</p> <p>3        the mesh degraded?</p> <p>4        A. No. The pathologist states fibrous tissue</p> <p>5        with histiocytic reaction to polarizable or foreign</p> <p>6        material.</p> <p>7        Q. Did the pathologist note that the mesh</p> <p>8        curled or frayed?</p> <p>9        A. No. The pathologist does not.</p> <p>10       Q. Does the pathologist indicate that the</p> <p>11       mesh contracted?</p> <p>12       A. No.</p> <p>13       Q. Is there any mention of particle loss on</p> <p>14       that pathology report?</p> <p>15       A. I've never used the term "particle loss."</p> <p>16       I don't know exactly what you're referring to, but</p> <p>17       no, they don't mention particle loss.</p> <p>18       Q. Is there any mention of any nerve</p> <p>19       abnormality?</p> <p>20       MS. O'DELL: Object to the form.</p> <p>21       THE WITNESS: No.</p> <p>22       BY MR. VOUDOURIS:</p> <p>23       Q. In fact, it's silent as to nerves,</p> <p>24       correct?</p> <p>25       A. Yes.</p>

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<p>1 Q. Is there any documentation of any vascular 2 abnormality?</p> <p>3 A. No.</p> <p>4 Q. Do you mind again if I come over your 5 shoulder and we'll do a blue pen, because that 6 seems to work better than red.</p> <p>7 A. Okay.</p> <p>8 Q. All right.</p> <p>9 So we're now looking at 8A?</p> <p>10 A. Yes.</p> <p>11 Q. And this is a photograph that you made of 12 the slide, correct?</p> <p>13 A. Correct.</p> <p>14 Q. Okay.</p> <p>15 What is significant to you in this slide 16 that you intend to tell the jury about?</p> <p>17 A. There are multiple mesh fibers with dense 18 fibrosis surrounding and encasing them, so this low 19 power image is really to show that sort of scar 20 fleet that's being formed around the mesh fibers.</p> <p>21 Q. All right.</p> <p>22 That's a very good question, what's the 23 magnification on this image?</p> <p>24 A. 2X.</p> <p>25 Q. All right.</p>	<p>1 Q. -- A. So specimen labeled Rice sling 2 resection?</p> <p>3 A. Yes.</p> <p>4 Q. Four fragments?</p> <p>5 A. Yes.</p> <p>6 Q. All right.</p> <p>7 And then 8B?</p> <p>8 A. 8B is reflected in --</p> <p>9 Q. I think you have 8C there.</p> <p>10 A. I'm sorry. 8B, you mean the picture, 11 okay, is also from the same -- it's a higher 12 powered view of this area here (indicating), looks 13 like this matches.</p> <p>14 Q. Okay.</p> <p>15 MS. O'DELL: When you say here, just so the 16 record's clear, you are referring to Exhibit 8A is 17 a higher -- 8B is a higher power selection of 8A, 18 is that you're -- what you're saying?</p> <p>19 THE WITNESS: Yes.</p> <p>20 MR. VOUDOURIS: Okay.</p> <p>21 Q. Can you show me where on 8A you have this 22 higher mag of 8B?</p> <p>23 A. Would you like me to --</p> <p>24 Q. Yeah, why don't you draw another circle 25 around it and label it 8B --</p>
<p>1 And can you circle for us the findings 2 that you just discussed?</p> <p>3 A. (Witness complies.)</p> <p>4 Q. So everything in that blue circle is what?</p> <p>5 A. Scar around mesh fibers.</p> <p>6 Q. Can you put that there, please?</p> <p>7 A. (Witness complies.)</p> <p>8 Q. Anything else of significance that you're 9 going to tell the jury about with that picture?</p> <p>10 A. No.</p> <p>11 Q. All right.</p> <p>12 Let's go to the next one. 8B is taken at 13 10X?</p> <p>14 A. Yes.</p> <p>15 Q. And I'm sorry, I apologize, 8A, do you 16 know where that was taken from, exactly?</p> <p>17 MS. O'DELL: She's already answered that.</p> <p>18 Are you talking about the magnification?</p> <p>19 MR. VOUDOURIS: No.</p> <p>20 THE WITNESS: Where it was taken from?</p> <p>21 MR. VOUDOURIS: 8A goes with --</p> <p>22 THE WITNESS: Oh, with 1A.</p> <p>23 BY MR. VOUDOURIS:</p> <p>24 Q. With 1 --</p> <p>25 A. Yes.</p>	<p>1 A. Okay.</p> <p>2 Q. -- on 8A.</p> <p>3 So what are you going to tell the jury 4 about the significance of 8B?</p> <p>5 MS. O'DELL: Object to the form.</p> <p>6 THE WITNESS: 8B is a higher power image of 7 similar features that were seen in 8A, dense 8 fibrosis and scar surrounding mesh fibers.</p> <p>9 At this magnification you can see some 10 lymphocytic chronic inflammation centered around 11 the mesh fibers. And you can see the tree barking 12 effect on the mesh fibers where the damaged hull of 13 the mesh fiber is remaining in the tissue.</p> <p>14 BY MR. VOUDOURIS:</p> <p>15 Q. The damaged what?</p> <p>16 A. I use the word "hull," but it's the rim of 17 the mesh fiber. Tree barking is the word in the 18 literature that's been used to describe this 19 phenomenon.</p> <p>20 Q. Tree barking is the word that Dr. Iakovlev 21 uses in the literature, correct?</p> <p>22 A. He is the author who's been publishing on 23 this, yes.</p> <p>24 Q. All right.</p> <p>25 And again, your opinion that you believe</p>

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<p>1 that this is degraded polypropylene is based on</p> <p>2 Dr. Iakovlev's work, is that fair?</p> <p>3 MS. O'DELL: Object to the form.</p> <p>4 THE WITNESS: Yes.</p> <p>5 And my observations seem to match his.</p> <p>6 BY MR. VOUDOURIS:</p> <p>7 Q. Have you done any analysis yourself to</p> <p>8 figure out what this so-called tree barking is?</p> <p>9 A. It is refractile, it's similar in</p> <p>10 appearance to the -- sometimes you'll see the whole</p> <p>11 mesh fiber left in the tissue, and so it has</p> <p>12 similar properties under the light microscope.</p> <p>13 Q. But do you know what this tree barking is,</p> <p>14 what it's made out of?</p> <p>15 A. I am of the opinion that it's made of the</p> <p>16 same material as the mesh fiber, it's degraded mesh</p> <p>17 fiber rim.</p> <p>18 Q. And that's based on Dr. Iakovlev's work,</p> <p>19 correct?</p> <p>20 A. Yes.</p> <p>21 MS. O'DELL: Object to the form.</p> <p>22 THE WITNESS: And the observations I'm seeing.</p> <p>23 BY MR. VOUDOURIS:</p> <p>24 Q. Are there foreign body giant cells around</p> <p>25 the perimeter of all of these mesh fibers?</p>	<p>1 normal --</p> <p>2 BY MR. VOUDOURIS:</p> <p>3 Q. What would you characterize this area</p> <p>4 around here (indicating) in the upper left?</p> <p>5 A. Well, that's sort of the edge of the dense</p> <p>6 fibrosis. We have a few adipose sites here and</p> <p>7 probable nerve, these two may be nerves</p> <p>8 (indicating).</p> <p>9 Q. Are you saying more likely than not that</p> <p>10 those are nerves?</p> <p>11 A. I hadn't marked them or labeled them as</p> <p>12 nerve, but --</p> <p>13 Q. That's why I asked the question.</p> <p>14 MS. O'DELL: Let her finish.</p> <p>15 THE WITNESS: They show up on the S100 stain</p> <p>16 even -- sometimes it's hard to see on the H&amp;E stain</p> <p>17 and be definitive that you're looking at a nerve,</p> <p>18 these have features that look consistent with a</p> <p>19 nerve to me.</p> <p>20 BY MR. VOUDOURIS:</p> <p>21 Q. Why don't you put circles around those and</p> <p>22 say nerve, please.</p> <p>23 A. (Witness complies.)</p> <p>24 Q. Can you tell what type of nerve that is?</p> <p>25 A. A peripheral nerve.</p>
<p style="text-align: center;">Page 31</p> <p>1 A. It's a bit hard to appreciate from this</p> <p>2 magnification and with this tissue preservation,</p> <p>3 there's not a lot of them, no.</p> <p>4 Q. So you don't see a --</p> <p>5 A. Not a prominent --</p> <p>6 Q. You don't see a prominent foreign body</p> <p>7 giant cell reaction around these mesh fibers; is</p> <p>8 that correct?</p> <p>9 A. That's correct. This would not be a good</p> <p>10 example of that. It's more of a lymphocytic</p> <p>11 looking monocytic response in this particular</p> <p>12 image.</p> <p>13 Q. Do you see any normal tissue, just a few</p> <p>14 hundred microns away?</p> <p>15 A. Normal tissue?</p> <p>16 MS. O'DELL: Object to the form.</p> <p>17 THE WITNESS: No. There's no normal tissue in</p> <p>18 this image.</p> <p>19 MR. VOUDOURIS: Okay.</p> <p>20 Q. How about expected tissue?</p> <p>21 A. Expected tissue?</p> <p>22 Q. Of a woman this age, with her vaginal</p> <p>23 symptoms.</p> <p>24 MS. O'DELL: Object to the form.</p> <p>25 THE WITNESS: No, this does not look like a</p>	<p style="text-align: center;">Page 33</p> <p>1 Q. All right.</p> <p>2 Do you know if it's a motor?</p> <p>3 A. No.</p> <p>4 Q. Do you know if it's a sensory?</p> <p>5 A. No.</p> <p>6 Q. You just know it's there?</p> <p>7 A. Yes.</p> <p>8 Q. Any comment on its appearance?</p> <p>9 MS. O'DELL: Apparent?</p> <p>10 MR. VOUDOURIS: Appearance.</p> <p>11 THE WITNESS: Okay.</p> <p>12 MS. O'DELL: Apparent of a nerve, I'd never</p> <p>13 heard that before. Appearance.</p> <p>14 THE WITNESS: No, they're not neuromas, if</p> <p>15 that's what you're asking.</p> <p>16 BY MR. VOUDOURIS:</p> <p>17 Q. No traumatic neuromas?</p> <p>18 A. No.</p> <p>19 Q. Are there any ganglia there?</p> <p>20 A. No, not in this image, no. I don't think</p> <p>21 I noted ganglia in this particular case.</p> <p>22 No, I did not.</p> <p>23 Q. Can you circle for me where you see a</p> <p>24 foreign body giant cell reaction?</p> <p>25 A. It's not prominent in this image.</p>

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<p>1 Q. Okay.</p> <p>2 A. I wouldn't circle anything.</p> <p>3 Q. What do you call this area here</p> <p>4 (indicating)?</p> <p>5 A. That looks to me like poor tissue</p> <p>6 preservation effect. It's paler than the rest of</p> <p>7 the stain on the slide, and that can happen when</p> <p>8 the tissue for whatever reason wasn't -- this --</p> <p>9 this spot didn't process well.</p> <p>10 Q. Could you put a circle around that,</p> <p>11 please?</p> <p>12 A. But the rest of it looks fine.</p> <p>13 (Witness complies.)</p> <p>14 Q. So you believe that's due to processing?</p> <p>15 A. Yes.</p> <p>16 Q. Could you just mark that?</p> <p>17 A. (Witness complies.)</p> <p>18 Q. The tree barking, can you point me to</p> <p>19 anywhere in your reference literature, any article</p> <p>20 that describes or ascribes any clinical</p> <p>21 significance to a patient from this tree barking?</p> <p>22 A. Iakovlev's the one who has described this,</p> <p>23 and would you like me to review it? He's looked</p> <p>24 at --</p> <p>25 Q. No, that's fine. You're referring to</p>	<p>1 A. There's no mesh here, no.</p> <p>2 Q. Any nerves here?</p> <p>3 A. I can't tell from this power.</p> <p>4 Q. Again, we're at 4X?</p> <p>5 A. Yes.</p> <p>6 Q. And you said there was abnormal tissue?</p> <p>7 A. Scarred skeletal muscle.</p> <p>8 Q. Why don't you draw where the scarred</p> <p>9 skeletal muscle is?</p> <p>10 A. That's the whole image.</p> <p>11 You want me to indicate the skeletal</p> <p>12 muscle fiber with an arrow or --</p> <p>13 Q. However you want to do it.</p> <p>14 A. (Witness complies.)</p> <p>15 Skeletal muscle fiber. Fiber, I guess</p> <p>16 example of one. They're all over. I guess I could</p> <p>17 circle the whole thing.</p> <p>18 Q. You just want to circle that, is that what</p> <p>19 you mean?</p> <p>20 MS. O'DELL: Well, don't let defense counsel</p> <p>21 suggest to you what you mean, Dr. Allison.</p> <p>22 MR. VOUDOURIS: I never want to do that,</p> <p>23 Dr. Allison.</p> <p>24 MS. O'DELL: You do what you feel is</p> <p>25 appropriate.</p>
<p style="text-align: center;">Page 35</p> <p>1 Dr. Iakovlev.</p> <p>2 A. Okay.</p> <p>3 Q. Anyone else other than Dr. Iakovlev?</p> <p>4 A. There are not other pathologists who have</p> <p>5 published on this particular topic, no.</p> <p>6 Q. Anything else of significance you want to</p> <p>7 tell the jury about 8B?</p> <p>8 A. 8B. No.</p> <p>9 Q. 8C. What, if anything, would you tell the</p> <p>10 jury significant about your findings on 8C?</p> <p>11 A. This is very abnormal skeletal muscle.</p> <p>12 It's very scarred and fibrotic. The skeletal</p> <p>13 muscle fibers are -- the fibrosis courses through</p> <p>14 them in a very abnormal way. This isn't just a</p> <p>15 scar adjacent to skeletal muscle. This is all</p> <p>16 scarred area that envelopes the skeletal muscle.</p> <p>17 And the next page I have some more of the higher</p> <p>18 powered findings.</p> <p>19 Q. I'm sorry, are you done? I just want to</p> <p>20 stick with 8C before I move on.</p> <p>21 A. Okay.</p> <p>22 Q. 8C reflects to what on the pathology</p> <p>23 report that we marked as Exhibit 9?</p> <p>24 A. Specimen No. 2, rule out foreign material.</p> <p>25 Q. Again, there's no mesh here?</p>	<p style="text-align: center;">Page 37</p> <p>1 BY MR. VOUDOURIS:</p> <p>2 Q. You circled skeletal muscle fiber, so</p> <p>3 that's a fiber right there?</p> <p>4 A. Yes.</p> <p>5 Q. There you go, that's all I wanted you to</p> <p>6 do. Maybe circle a few more so we have an idea.</p> <p>7 A. This is all scar (indicating), and these</p> <p>8 nucl- -- these dark spots are multinuclei,</p> <p>9 atrophic, dead, dying skeletal muscle fibers, but</p> <p>10 they're better seen on the next image and I'm happy</p> <p>11 to circle them more on this.</p> <p>12 This is all scar, this whole thing is scar</p> <p>13 (indicating).</p> <p>14 Q. The entire thing is scar?</p> <p>15 A. It's -- it's all scarred skeletal muscle</p> <p>16 fibers. It's a very low powered picture of that</p> <p>17 whole thing.</p> <p>18 Q. Want to just put that up here, then?</p> <p>19 A. (Witness complies.)</p> <p>20 Q. Do you know what a tissue would look like</p> <p>21 in a woman suffering from pelvic laxity who did not</p> <p>22 have mesh?</p> <p>23 A. We don't typically see explants from those</p> <p>24 patients, but I would not imagine that her skeletal</p> <p>25 muscle would be this disorganized and scarred.</p>

<p style="text-align: right;">Page 38</p> <p>1 Q. And at Stanford, have you seen skeletal 2 muscle from women who have pelvic laxity that do 3 not have mesh?</p> <p>4 MS. O'DELL: Object to form. That's too close, 5 Counsel, just --</p> <p>6 THE WITNESS: No, we don't get those kinds of 7 specimens, as far as I'm aware.</p> <p>8 MR. VOUDOURIS: Okay.</p> <p>9 Q. So you haven't; is that correct?</p> <p>10 A. Correct.</p> <p>11 Q. All right.</p> <p>12 What's the next slide?</p> <p>13 A. So this is a 10X view of one of these 14 areas with the scar engulfing the skeletal muscle 15 fibers.</p> <p>16 Q. Can you go back and like you did before 17 and do a little box to show what 8D looks like on 18 8C?</p> <p>19 MS. O'DELL: If you can, don't guess.</p> <p>20 THE WITNESS: I'm not sure that it's...</p> <p>21 Yeah, I think it's this area here, so 22 let's put a box (witness complies.)</p> <p>23 MR. VOUDOURIS: Why don't you make that box a 24 little more definable for everybody.</p> <p>25 MS. O'DELL: Yeah, I was just about to say</p>	<p style="text-align: right;">Page 40</p> <p>1 A. Consequences of scar and the -- I 2 attribute it to the mesh being irritating and 3 scarring around the area that it was implanted in.</p> <p>4 Q. When you say irritating, what do you mean 5 by irritating?</p> <p>6 A. Well, it's a foreign material and it's 7 generating a host response that involves chronic 8 inflammation and scarring.</p> <p>9 Q. Was it -- is it normal for mesh to 10 generate a response of chronic inflammation?</p> <p>11 A. Initially, yes.</p> <p>12 Q. And then what? And then what, I'm sorry?</p> <p>13 A. Initially yes, and then over time, 14 inflammation should resolve and the scarring will 15 remain.</p> <p>16 The scarring in this case looks like it's 17 gone all the way into the skeletal muscle, which is 18 more than you would want, and -- and I would 19 imagine would produce symptoms.</p> <p>20 Q. You would imagine would produce symptoms?</p> <p>21 A. Yes.</p> <p>22 Q. A little more definitive than that or is 23 it just you imagine?</p> <p>24 A. No, I'm -- I'm linking this to as a part 25 of complex findings that explain her symptoms, yes.</p>
<p style="text-align: right;">Page 39</p> <p>1 that. Because I can't --</p> <p>2 MR. VOUDOURIS: I can read your mind, 3 Counselor.</p> <p>4 MS. O'DELL: I doubt that.</p> <p>5 THE WITNESS: (Witness complies.)</p> <p>6 Good?</p> <p>7 MR. VOUDOURIS: Fine by me.</p> <p>8 Q. All right, so what findings are you going 9 to tell the jury about that are significant to you 10 on 8D?</p> <p>11 A. These are damaged skeletal muscle fibers 12 that when skeletal muscle becomes atrophic and 13 damaged, it --</p> <p>14 Q. It what?</p> <p>15 A. It gets smaller and the nuclei that are 16 normally around the periphery of the skeletal 17 muscle fibers become like a ball of nuclei, that's 18 what these tombstones of the skeletal muscle fibers 19 are.</p> <p>20 Q. Would you just label that, please, as ball 21 of nuclei, is that what you call it?</p> <p>22 A. Yes.</p> <p>23 Q. You say nuclei from?</p> <p>24 A. Degenerated skeletal muscle fiber.</p> <p>25 Q. And you attributed this to what?</p>	<p style="text-align: right;">Page 41</p> <p>1 Q. All right.</p> <p>2 Link it for us.</p> <p>3 A. The scarring caused by the foreign 4 material of the mesh inserted into her has caused 5 erosions, pain, and bladder dysfunction.</p> <p>6 Q. How did it cause erosion?</p> <p>7 A. The -- the mesh causes erosion because 8 it's causing scarring and abnormal tissue formation 9 and irritation of the tissues that are normally 10 present there, and the overlying mucosa breaks down 11 over it and causes an erosion.</p> <p>12 Q. And how does it cause pain?</p> <p>13 MS. O'DELL: How does -- when you say "it," 14 what are you referring to, erosion, mesh?</p> <p>15 BY MR. VOUDOURIS:</p> <p>16 Q. Mesh, I'm sorry.</p> <p>17 A. Mesh.</p> <p>18 Well, the pain can be related to the 19 erosion that was caused by it, and the entrapped 20 neurofibers in the scar may contribute to the pain 21 from -- upon movement of areas that have these 22 nerve fibers entrapped with them.</p> <p>23 Q. Okay.</p> <p>24 I'm not interested in could, I'm 25 interested in more likely than not.</p>

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<p>1 A. Yes, more likely than not.</p> <p>2 Q. Have we discussed everything on 8D --</p> <p>3 A. Yes.</p> <p>4 Q. -- that you find significant?</p> <p>5 Do you see any nerves?</p> <p>6 A. No.</p> <p>7 Q. Do you see any vessels?</p> <p>8 A. No.</p> <p>9 Q. Do you see any capillaries?</p> <p>10 A. No.</p> <p>11 Q. Do you see any capillaries in the other</p> <p>12 three photos?</p> <p>13 A. Capillaries?</p> <p>14 Q. Uh-hmm.</p> <p>15 A. I wasn't specifically looking for</p> <p>16 capillaries. There is a -- looks like a blood</p> <p>17 vessel.</p> <p>18 Q. Could you circle that, please?</p> <p>19 A. (Witness complies.)</p> <p>20 Q. See any other capillaries?</p> <p>21 A. From this power I'm not seeing definite</p> <p>22 capillaries.</p> <p>23 Q. Next page, 8B, do you see any capillaries?</p> <p>24 A. It's hard to tell. I mean, that's a fat</p> <p>25 cell and a lipocyte and then usually next to a</p>	<p>1 tissue, which is the precursor to a scar, so it's</p> <p>2 organizing fiber vascular tissue that then</p> <p>3 organizes itself into a scar.</p> <p>4 Q. So a capillary's in the scar?</p> <p>5 A. Typically not in the middle of the scarred</p> <p>6 area, but they can be found on the periphery.</p> <p>7 Q. Okay.</p> <p>8 A. Scar tends to push things out of the way.</p> <p>9 But you have to have some blood vessels feeding any</p> <p>10 tissue, otherwise it would necrose.</p> <p>11 So in some way -- I mean, the scar is</p> <p>12 mainly extracellular material, but there are some</p> <p>13 cells present as well.</p> <p>14 Q. 8D I think, I apologize, we're going back</p> <p>15 and forth, anything else that you want to --</p> <p>16 anything else of significance on 8D?</p> <p>17 A. No.</p> <p>18 Q. And this -- there's scar on this</p> <p>19 photograph?</p> <p>20 A. Yes.</p> <p>21 Q. Where's the scar?</p> <p>22 A. Again, it's the whole area, the scar is</p> <p>23 engulfing the entire image, and these are little</p> <p>24 islands of dying skeletal muscle within it. So I</p> <p>25 can't really -- I would have to circle the whole</p>
<p style="text-align: center;">Page 43</p> <p>1 nerve you might find a small capillary, that's</p> <p>2 possibly one, but I'm not going to hang my hat on</p> <p>3 it. I didn't describe capillaries in my pathology</p> <p>4 findings and it wasn't something that I was focused</p> <p>5 on.</p> <p>6 Q. Can you do me a favor and just -- and you</p> <p>7 can mark it possible capillary, but just where you</p> <p>8 think there is a capillary.</p> <p>9 MS. O'DELL: No, that's not her testimony,</p> <p>10 so --</p> <p>11 THE WITNESS: Yeah, I'd rather not be circling</p> <p>12 things that, you know, I haven't confirmed under</p> <p>13 the microscope and I wasn't going to describe to</p> <p>14 the jury.</p> <p>15 BY MR. VOUDOURIS:</p> <p>16 Q. Okay, so you don't know whether or not</p> <p>17 there are capillaries in 8A or 8B, correct?</p> <p>18 MS. O'DELL: Object to the form.</p> <p>19 THE WITNESS: If I looked at it under the</p> <p>20 microscope I could give you a more definitive</p> <p>21 answer, it's not that I'm not able to recognize</p> <p>22 capillaries.</p> <p>23 BY MR. VOUDOURIS:</p> <p>24 Q. Are capillaries in scar?</p> <p>25 A. Capillaries are typically in granulation</p>	<p style="text-align: center;">Page 45</p> <p>1 area.</p> <p>2 (Witness complies.)</p> <p>3 Some areas have, you know, more scar and</p> <p>4 less skeletal muscle, but the scar's going all the</p> <p>5 way around these muscle fibers.</p> <p>6 Q. All right.</p> <p>7 So can you just label scar, please?</p> <p>8 A. (Witness complies.)</p> <p>9 Q. All right.</p> <p>10 Next, microphotograph 8E. What of</p> <p>11 significance are you going to tell the jury about</p> <p>12 8E?</p> <p>13 A. 8E is an S100 stain which highlights</p> <p>14 nerves, and in this image you can see multiple</p> <p>15 nerve fibers present within the tissue around the</p> <p>16 mesh that has fibrosis in it.</p> <p>17 Q. Where are the nerves?</p> <p>18 A. I can circle them.</p> <p>19 Q. I would hope so.</p> <p>20 A. (Witness complies.)</p> <p>21 Q. Thank you. Mark those as nerves.</p> <p>22 A. (Witness complies.)</p> <p>23 Q. And you agree with Dr. Vogel's testimony,</p> <p>24 or at least his report, that using an S100 stain,</p> <p>25 you're not able to tell whether those nerves are</p>

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<p>1 sensory, correct?</p> <p>2 A. Correct.</p> <p>3 Q. And you would agree with Dr. Vogel's</p> <p>4 statement in that regard?</p> <p>5 MS. O'DELL: Object to the form.</p> <p>6 THE WITNESS: Yes.</p> <p>7 BY MR. VOUDOURIS:</p> <p>8 Q. You see anything abnormal with these</p> <p>9 nerves?</p> <p>10 A. Only that they're not present in normal</p> <p>11 tissue, they're present in scarred tissue around</p> <p>12 mesh fibers.</p> <p>13 Q. And that's the only place you find nerves?</p> <p>14 MS. O'DELL: Object to the form.</p> <p>15 THE WITNESS: That's not a normal place you</p> <p>16 find nerves.</p> <p>17 BY MR. VOUDOURIS:</p> <p>18 Q. How close are some of these nerves to the</p> <p>19 mesh fiber?</p> <p>20 A. Very close.</p> <p>21 Q. What's very close mean?</p> <p>22 A. Less than a millimeter.</p> <p>23 Q. All right.</p> <p>24 Want to just put here less than a</p> <p>25 millimeter?</p>	<p>1 here somewhere (indicating).</p> <p>2 Q. Okay, that's not going to show up when the</p> <p>3 court reporter types up the transcript, so --</p> <p>4 A. Did you want me to --</p> <p>5 Q. That would be great.</p> <p>6 A. -- mark the first.</p> <p>7 Q. On 8A, maybe you can mark a box and say</p> <p>8 8E.</p> <p>9 A. Yeah.</p> <p>10 Q. Because that's the way you've been doing</p> <p>11 that in the other ones.</p> <p>12 A. (Witness complies.)</p> <p>13 Q. Going back to 8E, do you see any traumatic</p> <p>14 neuromas?</p> <p>15 A. No.</p> <p>16 Q. Are those nerves distorted in any way?</p> <p>17 A. They're embedded in fibrosis and --</p> <p>18 Q. Do you consider that distortion?</p> <p>19 MS. O'DELL: Did you finish, Doctor?</p> <p>20 THE WITNESS: I guess they're distorted by</p> <p>21 fibrosis and scarring.</p> <p>22 BY MR. VOUDOURIS:</p> <p>23 Q. How so?</p> <p>24 A. They're not normally embedded in the</p> <p>25 middle of scar tissue.</p>
<p style="text-align: center;">Page 47</p> <p>1 A. (Witness complies.)</p> <p>2 Q. Is there any foreign body giant cell</p> <p>3 reaction going around this nerve that's less than a</p> <p>4 millimeter from the mesh?</p> <p>5 A. You can't appreciate that from this image.</p> <p>6 Q. Can you appreciate any foreign body giant</p> <p>7 cell reactions around any of these nerves in 8E?</p> <p>8 A. No, that's not what this stain is for. It</p> <p>9 highlights the nerve fibers and it's not -- doesn't</p> <p>10 give you resolution for the rest of the tissue,</p> <p>11 that would easily let you -- that's why we use H&amp;E</p> <p>12 for most of our characterization for the histologic</p> <p>13 findings.</p> <p>14 But, you know, it's the same area that we</p> <p>15 see the chronic inflammation and scarring from the</p> <p>16 other -- it's the same specimen, from the other</p> <p>17 images.</p> <p>18 So 8E is probably taken --</p> <p>19 Q. These are from specimen one or two?</p> <p>20 A. One. You'll see the blood vessel up here.</p> <p>21 With each cut, though, you get slightly different</p> <p>22 findings at each level, so it's not going to match</p> <p>23 up perfectly with the pattern of the mesh that</p> <p>24 you're seeing here.</p> <p>25 But I would imagine it would be around</p>	<p style="text-align: center;">Page 49</p> <p>1 Q. Are any of these nerves adjacent to scar</p> <p>2 tissue?</p> <p>3 A. This looks like it's embedded in it. They</p> <p>4 all look less than a millimeter from mesh and scar</p> <p>5 or within it.</p> <p>6 Q. Okay.</p> <p>7 So my question was, I'm sorry, are all of</p> <p>8 the nerves on 8E embedded in scar?</p> <p>9 A. Yes.</p> <p>10 MS. O'DELL: That's a different question.</p> <p>11 THE WITNESS: That's different than what I've</p> <p>12 circled here.</p> <p>13 MR. VOUDOURIS: It is a different question,</p> <p>14 you're correct.</p> <p>15 Q. So all of those nerves on 8E are embedded</p> <p>16 in scar not --</p> <p>17 THE WITNESS: Yes.</p> <p>18 MS. O'DELL: She testified that she did -- she</p> <p>19 circled.</p> <p>20 BY MR. VOUDOURIS:</p> <p>21 Q. And then, I'm sorry, you also saw nerves</p> <p>22 on another photograph, correct?</p> <p>23 A. On another photograph?</p> <p>24 Q. Yes, keep going, there we go, on 8B.</p> <p>25 A. Yes.</p>

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<p>1 Q. Are those nerves embedded in scar tissue?</p> <p>2 A. Yes, they are from the same area, it's</p> <p>3 probably one of these three or two of those three</p> <p>4 nerves.</p> <p>5 MS. O'DELL: And you're referring to 8B?</p> <p>6 THE WITNESS: Yes.</p> <p>7 BY MR. VOUDOURIS:</p> <p>8 Q. So you see nerves on 8B that you also</p> <p>9 believe are on 8E, correct?</p> <p>10 A. Yes.</p> <p>11 Q. And can you go back to 8B and circle how</p> <p>12 you've been doing a box and say 8E?</p> <p>13 MS. O'DELL: If you can.</p> <p>14 THE WITNESS: It would be easier to do it the</p> <p>15 other way because this is a higher power image,</p> <p>16 so...</p> <p>17 You could draw 8B on here on 8E.</p> <p>18 BY MR. VOUDOURIS:</p> <p>19 Q. Could you do that, please?</p> <p>20 A. I'm going to attempt to figure out exactly</p> <p>21 how that might correlate.</p> <p>22 Again, the --</p> <p>23 MS. O'DELL: Again, don't guess.</p> <p>24 THE WITNESS: Yeah, the mesh fibers are</p> <p>25 slightly different. I couldn't be certain if it</p>	<p>1 aren't many causes of that, other than the foreign</p> <p>2 substance of mesh, it's a known complication of</p> <p>3 mesh implantation, especially in the vagina.</p> <p>4 And my differential was quite short.</p> <p>5 Q. And what was your differential?</p> <p>6 A. So you could have an erosion from an</p> <p>7 infection. This doesn't look like active</p> <p>8 inflammation anywhere. It's like a chronic process</p> <p>9 that's occurred over time. It -- the time course</p> <p>10 doesn't fit with infection, it's nine years after</p> <p>11 implantation. It fits more with a chronic</p> <p>12 irritant, a chronic foreign body.</p> <p>13 Q. You don't place these slings, correct?</p> <p>14 A. Correct.</p> <p>15 Q. So I imagine you're not going to be --</p> <p>16 offering any opinions on the operative procedure to</p> <p>17 place the sling, correct?</p> <p>18 A. Only the -- you know, what you've read in</p> <p>19 the operative note, if they notice scarring when</p> <p>20 they're trying to remove it.</p> <p>21 Q. Other than that?</p> <p>22 A. No.</p> <p>23 Q. Ms. Phelps had this mesh implanted in</p> <p>24 2000?</p> <p>25 A. Yes.</p>
<p>Page 51</p> <p>1 was this (indicating) upper two nerves or the lower</p> <p>2 two nerves. It's not easy to tell. I guess it</p> <p>3 would be these, but...</p> <p>4 MS. O'DELL: Then don't guess.</p> <p>5 THE WITNESS: Yeah, it's hard to -- when you</p> <p>6 cut deeper into the tissue, it's hard to tell</p> <p>7 without having the slide in front of me, I could</p> <p>8 definitely do it under the microscope.</p> <p>9 MR. VOUDOURIS: All right.</p> <p>10 Q. Based on the photomicrographs you have in</p> <p>11 front of you, you can't reliably see where the</p> <p>12 nerves in 8E might be on 8B?</p> <p>13 MS. O'DELL: Object to the form of the</p> <p>14 question.</p> <p>15 THE WITNESS: I could tell you the vicinity but</p> <p>16 I wouldn't be precise, because there's sort of two</p> <p>17 possibilities of where that could come from.</p> <p>18 BY MR. VOUDOURIS:</p> <p>19 Q. Do you have any differential diagnosis</p> <p>20 before you arrived at your opinions in the Phelps</p> <p>21 case?</p> <p>22 A. Of course, you always think about other</p> <p>23 possibilities in a differential diagnosis, ended up</p> <p>24 being very short in this case, given that the</p> <p>25 patient had erosion with mesh exposure and there</p>	<p>Page 53</p> <p>1 Q. And then it was removed in 2009, correct?</p> <p>2 A. Correct.</p> <p>3 Q. Do you have any opinion as to the</p> <p>4 condition of Mrs. Phelps's pelvic laxity between</p> <p>5 2000 and 2009?</p> <p>6 MS. O'DELL: Object to the form.</p> <p>7 THE WITNESS: The condition of her pelvic</p> <p>8 laxity.</p> <p>9 No, I don't have an opinion on that.</p> <p>10 BY MR. VOUDOURIS:</p> <p>11 Q. Wouldn't be out of the realm that it was</p> <p>12 worsening over that eight-year period, would it?</p> <p>13 MS. O'DELL: I'm sorry, I didn't hear what you</p> <p>14 said.</p> <p>15 BY MR. VOUDOURIS:</p> <p>16 Q. Wouldn't be out of the realm that it was</p> <p>17 worsening over this period, from 2000 to 2009, am I</p> <p>18 correct?</p> <p>19 A. I don't know.</p> <p>20 Q. Your report says that you noticed mild</p> <p>21 chronic inflammation with a foreign body reaction.</p> <p>22 A. Yes.</p> <p>23 Q. Is that abnormal or is that expected?</p> <p>24 A. Foreign body reaction can continue. The</p> <p>25 chronic inflammation was not severe in this case,</p>

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<p>1 but it -- its presence tells me that the body's      2 continuing to react to the mesh in a way that to me      3 fits more with a, you know, long-term degradation      4 and irritation of the surrounding tissues.</p> <p>5 Q. When did this degradation of the mesh      6 start in Ms. Phelps?</p> <p>7 A. I don't think we know the answer to that      8 question, but it wasn't that it occurred      9 immediately, it was more of a long-term process      10 given that she didn't even have symptoms until, you      11 know, years after implantation.</p> <p>12 Q. Okay.</p> <p>13 When did she start to have symptoms?</p> <p>14 A. October 2005 and again in November 2008      15 she presented with pressure in the vaginal area,      16 pelvic pain, dyspareunia, bladder pain and pressure      17 and urinary leakage. In December of 2008 she had      18 mesh erosion noted on cystoscopy.</p> <p>19 Q. So 2005 complaints you believe more likely      20 than not were caused by mesh degradation?</p> <p>21 A. Yes.</p> <p>22 Q. And then her complaints in 2008 you      23 believe more likely than not were caused by mesh      24 degradation?</p> <p>25 A. Yes, and the presence of the mesh and her</p>	<p>1 Q. Yeah.      2 A. No, I did not. I just noted its presence.      3 Q. Could you do that for us?      4 A. No, I don't have my -- my micrometer or      5 any sort of device to measure with.      6 Q. Do you know how many microns it is?      7 MS. O'DELL: She's already answered your      8 question, asked and answered.      9 THE WITNESS: No.      10 BY MR. VOUDOURIS:      11 Q. Is it more than ten?      12 A. No, I don't think so.      13 Q. Is it more than five?      14 A. I would guess between one and five,      15 probably less than that, actually.      16 Q. Probably less than five?      17 A. Yeah.      18 Q. What do you think?      19 A. I need a scale, I can't answer your      20 question.      21 Q. But at least reviewing your own      22 photographs there that you took, you believe it's      23 less than five, correct?      24 MS. O'DELL: Objection to form.      25 THE WITNESS: I don't know the answer to your</p>
<p style="text-align: center;">Page 55</p> <p>1 reaction to it, yes.      2 Q. When -- you don't know when this      3 degradation process started, correct?      4 A. No. How would we know that?      5 Q. Do you know when it ended?      6 A. We don't know that it -- I mean, when it's      7 removed it's hopefully ended, if you remove the      8 offending material.      9 Q. Prior to removal, do you know if the      10 degradation process stopped?      11 A. Doesn't look like it, because I see      12 evidence of it. I mean, I don't think it can      13 reverse itself.      14 Q. Does it ever stop?      15 A. Stabilize you mean?      16 MS. O'DELL: Object to form.      17 BY MR. VOUDOURIS:      18 Q. Does it stabilize?      19 A. I don't know.      20 I see evidence of degradation in my      21 microscopic examination.      22 Q. On your microscopic examination there, on      23 your photographs, did you measure the degradation?      24 How many microns is it?      25 A. Did I measure it?</p>	<p style="text-align: center;">Page 57</p> <p>1 question. I did not measure the degradation.      2 BY MR. VOUDOURIS:      3 Q. Are any of the findings you put down in      4 Exhibit C what you would expect to see after a TVT      5 mesh had been implanted for eight years?      6 A. In C?      7 Q. Exhibit C, which is -- I apologize,      8 Exhibit 5, which you have labeled Exhibit C.      9 A. Your question was, are any of the findings      10 expected for what you'd see after a mesh      11 degradation? Can you repeat it?      12 Q. No. After a mesh being implanted for      13 eight years, nine years.      14 A. The mesh is present, that's an expected      15 finding. You would expect to see some degree of      16 fibrosis around it.      17 The inflammation is not expected. You      18 would expect after eight years to have only chronic      19 foreign body giant cell reaction and not much      20 inflammation. There isn't a lot of inflammation      21 here, but there's some.      22 I wouldn't expect the skeletal muscle      23 fibrosis and damage.      24 Q. Is there a foreign body cell reaction      25 around what you believe to be degradation in your</p>

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<p>1 photographs?</p> <p>2 A. In the photograph that I took, I see the</p> <p>3 chronic inflammation, and I -- I have already</p> <p>4 stated that I don't see clear foreign body giant</p> <p>5 cell reaction, although I noted it in my report and</p> <p>6 so I noted it under the microscope.</p> <p>7 Q. Can you note it anywhere in your</p> <p>8 photographs?</p> <p>9 A. I couldn't be certain on this one. I was</p> <p>10 not aiming to take a picture of foreign body giant</p> <p>11 cells, and I noted the processing artifact that's</p> <p>12 making it difficult in this particular field to</p> <p>13 look at that.</p> <p>14 So this image was really more to show the</p> <p>15 tree barking effect, the degradation around the</p> <p>16 mesh fibers, and then the overall scarring and</p> <p>17 fibrosis around it.</p> <p>18 MS. O'DELL: Are you referring to 8B?</p> <p>19 THE WITNESS: Yes, I'm referring to 8B.</p> <p>20 MR. VOUDOURIS: Take a quick break.</p> <p>21 (Recess.)</p> <p>22 BY MR. VOUDOURIS:</p> <p>23 Q. Can we go back to that pathology report --</p> <p>24 the pathology report, there it is and that's marked</p> <p>25 as Exhibit?</p>	<p>1 mesh visible in the urethra.</p> <p>2 Q. Yeah, my question was: Did any of her</p> <p>3 clinicians diagnose her with a vaginal erosion?</p> <p>4 A. I'm just double-checking to be sure with</p> <p>5 my answer. And -- I don't -- I don't believe so,</p> <p>6 no.</p> <p>7 Q. And what we've marked as Defendants'</p> <p>8 Exhibit 5 for Patti Phelps, under reason for</p> <p>9 removal, you write dyspareunia.</p> <p>10 A. Yes.</p> <p>11 Q. Is it your opinion to a reasonable degree</p> <p>12 of medical certainty that the -- that the mesh</p> <p>13 caused dyspareunia?</p> <p>14 A. Yes, that was my opinion, is my opinion.</p> <p>15 Q. Okay.</p> <p>16 Did Ms. Phelps have dyspareunia before the</p> <p>17 sling was implanted?</p> <p>18 A. She I believe had endometriosis in the</p> <p>19 past, but not the same type of dyspareunia.</p> <p>20 Q. Do you know?</p> <p>21 MS. O'DELL: I think she's answered your</p> <p>22 question.</p> <p>23 MR. VOUDOURIS: I think she said I think.</p> <p>24 THE WITNESS: Yes.</p> <p>25 BY MR. VOUDOURIS:</p>
<p style="text-align: center;">Page 59</p> <p>1 A. 9.</p> <p>2 Q. 9. Did that pathologist comment at all</p> <p>3 about a vaginal erosion?</p> <p>4 A. No, there was no erosion documented with</p> <p>5 tissue histology, it was a clinical finding.</p> <p>6 Q. Did any clinician diagnose her with a</p> <p>7 vaginal erosion?</p> <p>8 A. Oh, back in 2005 -- 2008 she had a mesh</p> <p>9 erosion, noted at the end of 2008, so just a few</p> <p>10 months before.</p> <p>11 Q. Vaginal?</p> <p>12 A. Cystoscopy.</p> <p>13 And she ends up with a fistula.</p> <p>14 Q. Did any of her clinicians diagnose her</p> <p>15 with a vaginal erosion?</p> <p>16 A. They describe an erosion, but it looks</p> <p>17 like the -- they were on cystoscopies and</p> <p>18 urethroscopic examination.</p> <p>19 Q. So not the vagina, correct?</p> <p>20 A. I could check the records again, just to</p> <p>21 make sure, but I don't state that in my report,</p> <p>22 so...</p> <p>23 Pooling when standing -- I mean, they</p> <p>24 describe a urethrovaginal fistula later, but I</p> <p>25 think the erosions were mainly noted on cystoscopy,</p>	<p style="text-align: center;">Page 61</p> <p>1 Q. Yes what?</p> <p>2 A. I think she -- as far as I understand, she</p> <p>3 had some symptoms related to endometriosis in the</p> <p>4 past, but the dyspareunia was new and -- and</p> <p>5 believed to be related to her mesh.</p> <p>6 Q. You believed it to be related to her mesh,</p> <p>7 right?</p> <p>8 MS. O'DELL: Object to the form.</p> <p>9 THE WITNESS: Well, I think the clinicians</p> <p>10 involved in her care also were thinking that it was</p> <p>11 related to her dyspareunia.</p> <p>12 BY MR. VOUDOURIS:</p> <p>13 Q. Well, when you did a differential</p> <p>14 diagnosis, how did you differentiate between the</p> <p>15 dyspareunia that was before the sling was put in</p> <p>16 and the dyspareunia that was noted after the sling</p> <p>17 was put in?</p> <p>18 A. I don't know that she had dyspareunia,</p> <p>19 other than prior to sling placement she had</p> <p>20 endometriosis which caused some pain.</p> <p>21 Q. Well, if she had dyspareunia before she</p> <p>22 had the sling placement, how did you differentiate</p> <p>23 the pain from presling implantation to postsling</p> <p>24 implantation?</p> <p>25 A. Endometriosis causes pelvic pain that is</p>

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<p>1 more diffuse in nature, and I think you can have      2 dyspareunia with it, but I would relate her pain      3 with intercourse to her erosions and pain in the      4 area around the mesh fibers. They did not -- I did      5 not find any endometriosis on the specimens      6 removed, so I removed that from the differential.      7 Q. In your five photographs that you took,      8 photomicrographs, did you see any blue granules?      9 A. Blue granules?      10 Q. Yes. Blue granules.      11 A. Can you elaborate on that for me? I'm not      12 sure what you're referring to. The blue mesh      13 fibers that you can see?      14 Q. No. Blue granules, you haven't heard the      15 term "blue granules"?</p> <p>16 A. You mean what you might see on a Pap smear      17 from endometriosis? Or from shedding? You      18 wouldn't see that in a surgical specimen.      19 Q. Do you understand that there are changes      20 going on at Stanford regarding the breast and GYN      21 pathology program?      22 A. The fellowship you mean?      23 Q. Yes.      24 A. Yes.      25 Q. Okay.</p>	<p>1 A. Correct. I'm going to have my own      2 independent breast pathology fellowship.      3 Q. Right.      4 A. That I'll be the director of.      5 Q. But you'll no longer be part of the GYN      6 fellowship program, correct?      7 A. Well, Teri has me interview her fellows,      8 still, that are going to be GYN only because they      9 may interact with me on the consultation service,      10 which currently is still general in some aspects,      11 so the GYN resident will see some breast consults      12 and the breast follows will see some GYN consults      13 on the service.      14 Q. So if Dr. Longacre says as of July you      15 will no longer be part of the GYN fellowship, she's      16 incorrect?      17 MS. O'DELL: Object to the form.      18 THE WITNESS: She can -- I'm going to be      19 involved in teaching those residents breast      20 pathology if they are working on breast consults.      21 BY MR. VOUDOURIS:      22 Q. My question was -- maybe I'll restate the      23 question.      24 So as of July, is it accurate that      25 Dr. Longacre states that you will no longer be part</p>
<p>1 What's going to happen in July?      2 A. We're going to split it into two, because      3 the volume's gone up so much in GYN and in breast,      4 that we want to have a fellow dedicated to both of      5 those services independently.      6 Q. All right.      7 So they're going to split it between GYN      8 and breast, correct?      9 A. Correct, one fellow will do GYN and one      10 fellow will do breast.      11 Q. And they're also going to split the      12 staff's position in those two programs, correct?      13 A. They were never combined.      14 Q. Well, I'm a little confused. What do you      15 mean they were never combined?      16 A. Well, what do you mean by the staff's      17 position? You mean the faculty that we --      18 Q. Yes, the faculty.      19 A. We -- breast and GYN are separate      20 services, so the faculty are either on breast or      21 GYN at a given time.      22 Q. Okay.      23 Come July when the split happens you're no      24 longer going to be part of the GYN program, is that      25 accurate?</p>	<p>1 of the GYN fellowship program?      2 MS. O'DELL: Object to the form.      3 THE WITNESS: She is probably meaning that I      4 won't be part of the core faculty that she lists      5 and I will no longer be listing the GYN faculty on      6 my fellowship as core faculty.      7 So we list the core faculty involved in      8 the fellowship and those are the faculty that are      9 involved in evaluating fellowship at the end of the      10 year and things like that.      11 But we'll certainly be interacting with      12 each other's fellows. I interact with the GI      13 fellow, I interact with the surgical pathology      14 fellow. And I --      15 BY MR. VOUDOURIS:      16 Q. I'm sorry, keep going, I won't interrupt      17 you.      18 A. Just on the cases that they bring to me in      19 consultation, interact with them on frozen      20 sections.      21 Q. So I'm looking at your expert report that      22 I thought we had marked as?      23 A. That may be my copy of it, here's the      24 marked.      25 Q. Whatever's easiest for you, it's marked as</p>

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<p>1 Exhibit 2?</p> <p>2 A. Uh-hmm.</p> <p>3 Q. That's a "yes"?</p> <p>4 A. Yes.</p> <p>5 Q. So if we go to the second paragraph under</p> <p>6 qualifications, where it says you codirect the</p> <p>7 Stanford Breast/GYN Pathology Fellowship, as of</p> <p>8 July of this year, are you going to have to correct</p> <p>9 that statement?</p> <p>10 A. Yes, I will.</p> <p>11 Currently I work with both of those breast</p> <p>12 and GYN fellows, we have two this year.</p> <p>13 Q. Dr. Allison, I marked your CV, it's</p> <p>14 Exhibit 3. Under organizations and boards, you</p> <p>15 list that you're a member of the College of</p> <p>16 American Pathologists.</p> <p>17 Is that true?</p> <p>18 A. I think so, sometimes my memberships</p> <p>19 expire. I'm no longer a member of the Washington</p> <p>20 State Society of Pathologists, I let that expire</p> <p>21 for sure. I would have to check on my latest dues</p> <p>22 for CAP.</p> <p>23 Q. Okay.</p> <p>24 A. I just renewed my dues for the first one,</p> <p>25 the USCAP. I've given talks at their meetings, the</p>	<p>1 that happened in this mesh?</p> <p>2 MS. O'DELL: Object to the form.</p> <p>3 THE WITNESS: The foreign material caused a</p> <p>4 foreign body response and the mucosa overlying it</p> <p>5 was affected by the scarring that occurred around</p> <p>6 it, and was more apt to erode in the presence of</p> <p>7 the foreign body.</p> <p>8 BY MR. VOUDOURIS:</p> <p>9 Q. Okay. And there was no vaginal erosion,</p> <p>10 correct?</p> <p>11 A. Correct.</p> <p>12 Q. And again, you're not opining about how</p> <p>13 the surgery was performed, correct, the implanted</p> <p>14 mesh?</p> <p>15 A. No. Not opining about that.</p> <p>16 Q. All right.</p> <p>17 And dyspareunia, we talked about that --</p> <p>18 well, actually, how did the TVT cause her</p> <p>19 dyspareunia?</p> <p>20 A. It caused scarring around the area,</p> <p>21 entrapment of nerve fibers, and damage to the</p> <p>22 muscles around that area. And scarring and those</p> <p>23 kind of nerve entrapment can cause pain upon</p> <p>24 mobility of that, and intercourse being one of the</p> <p>25 instigators of that pain.</p>
<p style="text-align: center;">Page 67</p> <p>1 College of American Pathologist meetings.</p> <p>2 Q. If you go back to your report, what did we</p> <p>3 mark that as?</p> <p>4 A. 2.</p> <p>5 Q. 2. Can we go to your paragraph on Patti</p> <p>6 Phelps. I think it's on page 9.</p> <p>7 Do you have it?</p> <p>8 A. Yes.</p> <p>9 Q. The last sentence. "From my review of the</p> <p>10 medical records and my pathological findings that's</p> <p>11 described here" -- meaning above in that paragraph</p> <p>12 in Exhibit C, and we've gone through those,</p> <p>13 correct?</p> <p>14 A. Yes.</p> <p>15 Q. "It's my opinion that the TVT device was</p> <p>16 the cause of Ms. Phelps's erosion, dyspareunia,</p> <p>17 pelvic pain and pressure, bladder pain and</p> <p>18 pressure, and resulting surgical procedures for</p> <p>19 mesh removal and urethrovaginal fistula repair."</p> <p>20 What is it about the TVT that caused her</p> <p>21 erosion?</p> <p>22 A. Well, mesh was visible in the erosion, so</p> <p>23 the overlying mucosa of the urethra was eroded.</p> <p>24 Q. Are you talking about just the mere</p> <p>25 presence of mesh or is it something about this mesh</p>	<p style="text-align: center;">Page 69</p> <p>1 Q. Again, you couldn't, in your analysis,</p> <p>2 determine whether the nerves that you saw within</p> <p>3 the scar were motor or sensory; is that correct?</p> <p>4 A. That's correct.</p> <p>5 Q. Pelvic pain, how did the TVT device cause</p> <p>6 Ms. Phelps's pelvic pain?</p> <p>7 A. It was causing a tugging feeling in her</p> <p>8 that she describes, and I think, you know, a</p> <p>9 similar phenomena is occurring where foreign</p> <p>10 material that not -- is not normally present was</p> <p>11 causing scarring and pain and all of the complex</p> <p>12 pelvic floor there that when you're walking around,</p> <p>13 moves around some and that can cause pain.</p> <p>14 Q. What are the vessels that make up the</p> <p>15 pelvic floor?</p> <p>16 A. You want me to list the pelvic floor</p> <p>17 muscles?</p> <p>18 Q. I do, there aren't that many of them.</p> <p>19 A. Well, what's the point of doing that? I</p> <p>20 didn't have to -- I can't tell what that skeletal</p> <p>21 muscle was -- you know, the name of the skeletal</p> <p>22 muscle specifically in the images I showed you. I</p> <p>23 could tell there was skeletal muscle damage. I</p> <p>24 don't know which muscle it was.</p> <p>25 Q. Which muscles make up the pelvic floor, do</p>

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<p>1 you know?</p> <p>2 A. There are several, but I never use those</p> <p>3 terms in my clinical practice, so I learned them in</p> <p>4 medical school and there are lots of muscles in the</p> <p>5 body that I couldn't list off all the names of.</p> <p>6 Q. So as you sit here today, after reviewing</p> <p>7 cases that involve pelvic pain, you can't tell us</p> <p>8 the muscles that make up the pelvic floor?</p> <p>9 A. The levator muscles, levator ani, and I'm</p> <p>10 forgetting the names of the other ones.</p> <p>11 Q. Just can't remember?</p> <p>12 A. Yeah, I --</p> <p>13 MS. O'DELL: Object to the form.</p> <p>14 THE WITNESS: Seems irrelevant.</p> <p>15 BY MR. VOUDOURIS:</p> <p>16 Q. Do you know the mechanism of how women get</p> <p>17 stress urinary incontinence?</p> <p>18 A. Relaxation of those structures.</p> <p>19 Q. Which structures?</p> <p>20 A. The pelvic floor muscles.</p> <p>21 Q. Which you can't remember, correct?</p> <p>22 MS. O'DELL: Object to the form.</p> <p>23 BY MR. VOUDOURIS:</p> <p>24 Q. Correct?</p> <p>25 A. Correct, I don't have all the details of</p>	<p>1 effect that's happening with the polypropylene</p> <p>2 that's causing the bladder pain?</p> <p>3 A. It's the whole reaction to the degrading</p> <p>4 mesh fibers that cause additional scarring and</p> <p>5 cause additional contractures.</p> <p>6 Q. Explain this reaction.</p> <p>7 MS. O'DELL: What reaction? And what are</p> <p>8 you -- be more specific, please.</p> <p>9 BY MR. VOUDOURIS:</p> <p>10 Q. It's the whole reaction to the degrading</p> <p>11 mesh fibers that cause additional scarring and</p> <p>12 cause additional contractures, and I want you to</p> <p>13 explain this reaction to me.</p> <p>14 A. The chronic irritant of the foreign</p> <p>15 material that the mesh fibers represent being</p> <p>16 present in the body, reacting to degradation over</p> <p>17 time, causing more scarring. I mean, these</p> <p>18 symptoms progressed over time.</p> <p>19 So it wasn't an immediate response, it's a</p> <p>20 chronic process. And a chronic process creates a</p> <p>21 cycle of increased scarring and fibrosis that's</p> <p>22 creating structural issues in the pelvic area.</p> <p>23 Q. And the only person you're relying on</p> <p>24 to -- to opine that this degradation has some type</p> <p>25 of clinical sequelae is Dr. Iakovlev; is that</p>
<p>1 all the anatomical structures at the top of my</p> <p>2 memory. It's not part of my job.</p> <p>3 Q. Pressure, how did the TVT device cause</p> <p>4 Mrs. Phelps's pressure?</p> <p>5 MS. O'DELL: Object to the form.</p> <p>6 THE WITNESS: Again, a similar process is going</p> <p>7 on, the fibrosis and scarring is causing abnormal</p> <p>8 contracture and scarring in the area that's</p> <p>9 creating a feeling of pressure.</p> <p>10 BY MR. VOUDOURIS:</p> <p>11 Q. Abnormal contraction of what?</p> <p>12 A. The scar tissue.</p> <p>13 Q. How did the TVT cause her bladder pain?</p> <p>14 A. Well, she had erosion in the urethra and</p> <p>15 she had episodes of obstruction too.</p> <p>16 Q. Well, was it something about the</p> <p>17 polypropylene material in the mesh that caused her</p> <p>18 bladder pain or is it simply the presence of the</p> <p>19 mesh itself?</p> <p>20 MS. O'DELL: Objection to form.</p> <p>21 THE WITNESS: The material is the mesh itself,</p> <p>22 right? I mean, aren't they one and the same? The</p> <p>23 mesh is composed of the polypropylene material.</p> <p>24 BY MR. VOUDOURIS:</p> <p>25 Q. Well, is it something, this tree barking</p>	<p>1 correct?</p> <p>2 MS. O'DELL: Object to the form.</p> <p>3 THE WITNESS: The degradation</p> <p>4 specifically that you can see under the light</p> <p>5 microscope, there are other studies that look at</p> <p>6 electron scanning microscopy and things like that.</p> <p>7 BY MR. VOUDOURIS:</p> <p>8 Q. You don't do any of that, right?</p> <p>9 A. I did not do that.</p> <p>10 Q. So again --</p> <p>11 A. I'm looked at literature.</p> <p>12 MS. O'DELL: Let her finish, please.</p> <p>13 BY MR. VOUDOURIS:</p> <p>14 Q. The only person you're relying on to opine</p> <p>15 that this degradation has some kind of clinical</p> <p>16 sequelae is Dr. Iakovlev; is that correct?</p> <p>17 MS. O'DELL: Object to form.</p> <p>18 THE WITNESS: No, not that it has some type of</p> <p>19 clinical sequelae.</p> <p>20 Iakovlev's the only pathologist who first</p> <p>21 described the tree barking effect that you can see</p> <p>22 under the microscope, the light microscope. There</p> <p>23 are others who've described degradation in the</p> <p>24 scanning electron microscopy environment.</p> <p>25 BY MR. VOUDOURIS:</p>

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<p>1 Q. My question has to do with relating 2 degradation to clinical sequelae. 3 MS. O'DELL: She's answered. 4 THE WITNESS: There -- 5 MS. O'DELL: Excuse me, she's answered your 6 question. 7 You don't like the answer, but she's 8 answered your question. 9 THE WITNESS: How can I answer that more 10 specifically? 11 BY MR. VOUDOURIS: 12 Q. Show me -- 13 MS. O'DELL: You don't have to. 14 BY MR. VOUDOURIS: 15 Q. Show me in your binders of medical records 16 that you have there scientific literature that has 17 proven and confirmed and it's widely accepted that 18 this alleged degradation has any clinical sequelae. 19 MS. O'DELL: Object to the form of the question 20 as misstates the records. 21 THE WITNESS: Many of the articles in here 22 describe the complications of mesh and rather than 23 going through the entire binder, I mean, I state 24 them in my report. We've gone over them before. 25 MR. VOUDOURIS: You're not answering my</p>	<p>1 MR. VOUDOURIS: Read the question to her again, 2 please. 3 (The Reporter read back as follows: 4 "Question: Show me in your binders 5 of medical records that you have 6 there scientific literature that 7 has proven and confirmed and it's 8 widely accepted that this alleged 9 degradation has any clinical sequelae.") 10 MS. O'DELL: Objection to the form. 11 THE WITNESS: The degradation has been seen in 12 mesh that has been removed from patients who had 13 these symptoms, that is the literature I would 14 point you to. 15 MR. VOUDOURIS: Read it again, please, my 16 question. 17 MS. O'DELL: Asked and answered. 18 THE WITNESS: This is ridiculous. 19 MS. O'DELL: Asked and answered, and for the 20 fifth time, so move on, Counselor. 21 MR. VOUDOURIS: One more time, please. 22 (The Reporter read back as follows: 23 "Question: Show me in your binders 24 of medical records that you have 25 there scientific literature that</p>
<p style="text-align: center;">Page 75</p> <p>1 question, Doctor. 2 THE WITNESS: I'm not sure what you're looking 3 for. Are you looking for a specific paper that 4 says -- 5 BY MR. VOUDOURIS: 6 Q. I'm looking for any medical literature 7 that supports your contention that there is 8 clinical sequelae to mesh degradation? 9 MS. O'DELL: Objection to the form, it's a 10 different question. 11 THE WITNESS: And that is a different question. 12 I think -- I stand by my opinions and I -- 13 I'm not sure how I can help you out here. 14 MR. VOUDOURIS: Can you read the question back. 15 (The Reporter read back as follows: 16 "Question: Show me in your binders 17 of medical records that you have 18 there scientific literature that 19 has proven and confirmed and it's 20 widely accepted that this alleged 21 degradation has any clinical sequelae.") 22 MS. O'DELL: Objection to form. 23 THE WITNESS: Well, these -- there are no 24 complications. Dr. Longacre's report even says 25 erosion is a known complication of mesh.</p>	<p style="text-align: center;">Page 77</p> <p>1 has proven and confirmed and it's 2 widely accepted that this alleged 3 degradation has any clinical sequelae.") 4 MS. O'DELL: If you've answered his question, 5 just tell him you've given your answer. 6 THE WITNESS: I've given my answer. 7 BY MR. VOUDOURIS: 8 Q. The answer is none, correct? 9 MS. O'DELL: Object to the form. 10 THE WITNESS: I've given my answer. 11 BY MR. VOUDOURIS: 12 Q. The answer is none, correct? 13 MS. O'DELL: Object to the form. 14 THE WITNESS: There is literature looking at 15 degradation. 16 MR. VOUDOURIS: Not my question. 17 THE WITNESS: In patients who have had clinical 18 symptoms. 19 MR. VOUDOURIS: Not my question. 20 MS. O'DELL: It was your question. She 21 answered your question. You can ask it again and 22 she's just going to give the same answer, but she 23 answered your question. 24 BY MR. VOUDOURIS: 25 Q. Handing you as what we've marked as</p>

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<p>1 Defendants' Exhibit 4.</p> <p>2 What is that?</p> <p>3 A. A reference list.</p> <p>4 Q. So it's in addition to medical records,</p> <p>5 the medical literature that you've reviewed in</p> <p>6 coming to your opinions in this case, correct?</p> <p>7 A. Yes.</p> <p>8 Q. Can you circle for me or highlight on that</p> <p>9 exhibit the literature that proves to a reasonable</p> <p>10 degree of medical certainty that there is clinical</p> <p>11 sequelae in vivo from in vivo degradation?</p> <p>12 MS. O'DELL: Object to the form.</p> <p>13 THE WITNESS: No.</p> <p>14 MR. VOUDOURIS: Take a quick break.</p> <p>15 (Recess.)</p> <p>16 MR. VOUDOURIS: Back on the record.</p> <p>17 Dr. Allison, I do not have any more</p> <p>18 questions for you on Ms. Phelps, pending any</p> <p>19 recross after your questions by plaintiffs'</p> <p>20 counsel.</p> <p>21 -o-</p> <p>22 EXAMINATION</p> <p>23 BY MS. O'DELL:</p> <p>24 Q. I have just a few questions, Dr. Allison.</p> <p>25 You've been asked a series of questions about the</p>	<p>1 BY MS. O'DELL:</p> <p>2 Q. You were asked questions about the</p> <p>3 photomicrographs that you took of Ms. Phelps's</p> <p>4 pathology. Tell us the process that you went</p> <p>5 through in selecting what you photographed and what</p> <p>6 you did not photograph in the pathology.</p> <p>7 A. So I took photographs of representative</p> <p>8 areas to show certain findings but not all of the</p> <p>9 findings. I mean, if I described that I saw a</p> <p>10 foreign body giant cell reaction, then I saw that</p> <p>11 under the microscope and I didn't necessarily take</p> <p>12 a photograph of every -- everything in my</p> <p>13 descriptions.</p> <p>14 Q. So to make it clear, you didn't take a</p> <p>15 photograph of everything that you saw under the</p> <p>16 microscope?</p> <p>17 A. It would be too many photographs, yes.</p> <p>18 Q. And did you endeavor to take a</p> <p>19 representative sample?</p> <p>20 A. Yes.</p> <p>21 Q. And if there are findings on the pathology</p> <p>22 spreadsheet that are not in the photographs, was</p> <p>23 that something you noted while you were undergoing</p> <p>24 your review?</p> <p>25 MR. VOUDOURIS: Objection.</p>
<p>Page 79</p> <p>1 medical and scientific literature supporting your</p> <p>2 opinions in this case. Dr. Allison, is there</p> <p>3 literature that you reviewed and relied on to</p> <p>4 support your conclusion that degradation would</p> <p>5 cause ongoing chronic inflammation?</p> <p>6 MR. VOUDOURIS: Objection.</p> <p>7 THE WITNESS: Yes. In my report, I have all of</p> <p>8 my references there which support the statements</p> <p>9 that I make, including -- I mean, I can list them</p> <p>10 off again like I did in the previous case.</p> <p>11 Costello, 2007; Iakovlev, 2015; Klinge,</p> <p>12 2013; Klosterhalfen, 2004; Bendavid, 2014;</p> <p>13 Riccetto, 2008; Feola, F-e-o-l-a, 2015.</p> <p>14 BY MS. O'DELL:</p> <p>15 Q. Without listing them all at this moment,</p> <p>16 are there other references that support your</p> <p>17 opinions on your reliance list which has been</p> <p>18 marked as Exhibit 2 -- or Exhibit 4?</p> <p>19 MR. VOUDOURIS: Objection, foundation and</p> <p>20 objection, foundation to the prior question too.</p> <p>21 THE WITNESS: Well, there's -- it's a long</p> <p>22 list.</p> <p>23 There's a lot of literature out there, and</p> <p>24 of course there are others that I haven't listed in</p> <p>25 specific -- specifically by name.</p>	<p>Page 81</p> <p>1 THE WITNESS: Yes, it should be noted in my</p> <p>2 spreadsheet description, or the report.</p> <p>3 BY MS. O'DELL:</p> <p>4 Q. And that spreadsheet has been marked as</p> <p>5 Exhibit --</p> <p>6 A. 5.</p> <p>7 Q. Okay.</p> <p>8 And I want to ask you to turn, if you</p> <p>9 would, please, to Exhibit A, your photomicrographs.</p> <p>10 And you were asked questions about 8B, and then you</p> <p>11 were asked to correlate the image in 8B to 8E.</p> <p>12 Do you remember those questions?</p> <p>13 A. Yes.</p> <p>14 Q. Why is it impossible with the</p> <p>15 current photos you have in front of you to</p> <p>16 correlate the images?</p> <p>17 (Interruption in the proceedings.)</p> <p>18 THE WITNESS: It's not possible to correlate --</p> <p>19 each section you take deeper into the tissue alters</p> <p>20 the exact relationship of the different findings</p> <p>21 present slightly. It wasn't what I was setting out</p> <p>22 to do. I could have done that while I was</p> <p>23 examining the slides and said, okay, this is a</p> <p>24 higher power area of this specific area and kept</p> <p>25 track of that. If that is important I could</p>

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<p>1 certainly go back and do that.</p> <p>2 MS. O'DELL: Okay.</p> <p>3 Q. And do the difference in the stains</p> <p>4 make it difficult to correlate the location of 8B</p> <p>5 within 8E?</p> <p>6 A. Yes. The S100 stain, it looked</p> <p>7 significantly different from the H&amp;E stain, we can</p> <p>8 see the detail of the histology better.</p> <p>9 MS. O'DELL: I don't have any further</p> <p>10 questions.</p> <p>11 (Defendants' Exhibit No. 10 was marked for</p> <p>12 identification.)</p> <p>13 -o-</p> <p>14 FURTHER EXAMINATION</p> <p>15 BY MR. VOUDOURIS:</p> <p>16 Q. Doctor, I'm going to hand you what we</p> <p>17 marked as Defendants' Exhibit 10. And in the upper</p> <p>18 left hand corner, this is a publication from CAP,</p> <p>19 right?</p> <p>20 A. Yes.</p> <p>21 Q. And CAP stands for?</p> <p>22 A. College of American Pathologists.</p> <p>23 Q. And that's the organization that's on your</p> <p>24 CV, correct?</p> <p>25 A. Yes.</p>	<p>1 process is completed, the expert's opinion should</p> <p>2 reflect the state of the medical knowledge at the</p> <p>3 time of the incident."</p> <p>4 Q. So is it your testimony that the medical</p> <p>5 literature that you cite in your report stands for</p> <p>6 or supports your opinion that there is a clinical</p> <p>7 sequelae to degradation of mesh in vivo?</p> <p>8 A. My report states that --</p> <p>9 Q. That wasn't my question.</p> <p>10 MS. O'DELL: No, let her finish her answer.</p> <p>11 MR. VOUDOURIS: Well, she can --</p> <p>12 MS. O'DELL: No, you asked the question.</p> <p>13 MR. VOUDOURIS: She can answer.</p> <p>14 MS. O'DELL: You asked the question and she can</p> <p>15 answer it.</p> <p>16 MR. VOUDOURIS: Of course she can answer it,</p> <p>17 but she's got to be --</p> <p>18 MS. O'DELL: You don't interrupt her, then.</p> <p>19 MR. VOUDOURIS: -- responsive to the question.</p> <p>20 MS. O'DELL: Do not interrupt her.</p> <p>21 MR. VOUDOURIS: Can you read the question back,</p> <p>22 please --</p> <p>23 MS. O'DELL: No, she --</p> <p>24 MR. VOUDOURIS: -- for the witness.</p> <p>25 MS. O'DELL: If she remembers the question, you</p>
<p>1 Q. And this is entitled "Expert Witness</p> <p>2 Guidelines For the Specialty of Pathology,"</p> <p>3 correct?</p> <p>4 A. I see the title up on the upper left, yes.</p> <p>5 Q. Have you ever seen this document before?</p> <p>6 A. No. It looks like it was printed from --</p> <p>7 on the CAP today online.</p> <p>8 Q. So you've never seen this before, have</p> <p>9 you?</p> <p>10 A. No.</p> <p>11 Q. Were you aware that this organization had</p> <p>12 established guidelines for expert testimony like</p> <p>13 you're giving today?</p> <p>14 A. No.</p> <p>15 Q. Can you read down under the heading</p> <p>16 fairness and objectivity, please, on the fourth</p> <p>17 bullet down?</p> <p>18 A. Okay. "The expert witness," that one?</p> <p>19 Q. Yup.</p> <p>20 A. "Should not provide expert medical</p> <p>21 testimony that is false, misleading or without</p> <p>22 medical foundation. The key to this process is a</p> <p>23 thorough review of available and appropriate</p> <p>24 medical records and contemporaneous literature</p> <p>25 concerning the case being examined. After this</p>	<p>1 may answer the question.</p> <p>2 THE WITNESS: My report covers the mechanisms</p> <p>3 responsible for the symptoms produced by the mesh,</p> <p>4 and that they're related to the chronic</p> <p>5 inflammation and degradation of the mesh while in</p> <p>6 the body.</p> <p>7 The nerve entrapment around the fibrosis</p> <p>8 and scar, and the stiffness that that whole process</p> <p>9 creates, and that the clinical sequelae are related</p> <p>10 to all of those things together. I'm not isolating</p> <p>11 one factor.</p> <p>12 MR. VOUDOURIS: I am isolating one factor in my</p> <p>13 question.</p> <p>14 THE WITNESS: Okay, well --</p> <p>15 BY MR. VOUDOURIS:</p> <p>16 Q. Are you stating under oath that the</p> <p>17 references that you said in your report that we've</p> <p>18 marked as Exhibit 2, are medical literature that</p> <p>19 proves that there's a clinical sequelae to the</p> <p>20 degradation of mesh in vivo?</p> <p>21 MS. O'DELL: Object to the form.</p> <p>22 THE WITNESS: We are linking all of these</p> <p>23 findings together, so...</p> <p>24 BY MR. VOUDOURIS:</p> <p>25 Q. Who is "we"?</p>

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<p>1 A. Me, sorry, I'm linking all of these  2 findings together. The literature, I'm balancing  3 all of the findings that have been reported  4 clinically, the erosion, the dyspareunia, the  5 sequelae of mesh.</p> <p>6 With the findings that I'm seeing, I do  7 see some evidence of degradation that has been  8 documented by other publications. And I link those  9 too as all related to the clinical symptoms that  10 these patients are undergoing.</p> <p>11 Q. Not my question.</p> <p>12 My question is simple: Are you stating  13 under oath that the references that you've said in  14 your report marked as Exhibit 2 are medical  15 literature that proves that there's a clinical  16 sequelae to the degradation of mesh in vivo?</p> <p>17 A. No.</p> <p>18 MR. VOUDOURIS: Okay, thank you.</p> <p>19 -o-</p> <p>20 EXAMINATION</p> <p>21 BY MS. O'DELL:</p> <p>22 Q. I have a couple more questions, Doctor.</p> <p>23 Do you base the opinions that you've  24 expressed today in your deposition as well as in  25 your report on your review of the scientific and</p>	<p>1 in regard to your qualifications that somehow when  2 there is an administrative change in your  3 fellowship, that you would need to correct your  4 report. Do you recall that question?</p> <p>5 A. Yes.</p> <p>6 MR. VOUDOURIS: Object to the characterization.</p> <p>7 Go ahead.</p> <p>8 BY MS. O'DELL:</p> <p>9 Q. And I believe the word was correct, I'm  10 sure you remember that.</p> <p>11 That would be inaccurate, you're -- if  12 there's going to be a change, you would need to  13 make a change in your report, right? Your report  14 is correct in terms of stating your qualifications  15 as you sit here today?</p> <p>16 A. Right. I would change my one  17 qualification that I am the director of the breast  18 pathology fellowship and not the co-director of  19 the breast --</p> <p>20 Q. Does the -- excuse me.</p> <p>21 Does the fact that you at some point in  22 the future will have a different title in terms of  23 being director of the breast pathology fellowship  24 in any way change your qualifications or  25 credentials to give expert opinion in GYN</p>
<p>1 medical literature?</p> <p>2 A. Yes.</p> <p>3 Q. And do you believe the medical and  4 scientific literature supports your opinions that  5 you've expressed here?</p> <p>6 A. Yes.</p> <p>7 Q. And do you base your opinions here today  8 also on your review of not only the medical records  9 in this case, but also the pathology that you  10 reviewed?</p> <p>11 A. Yes.</p> <p>12 Q. And Counsel has pulled out this policy  13 from July of 2006 and suggested that you had  14 somehow given testimony without -- that is false,  15 misleading and without foundation.</p> <p>16 MR. VOUDOURIS: Objection.</p> <p>17 BY MS. O'DELL:</p> <p>18 Q. Is that true?</p> <p>19 A. No. I do not consider any of my testimony  20 to be false or misleading.</p> <p>21 Q. And have you endeavored to be  22 straightforward and honest in answering Counsel's  23 questions today?</p> <p>24 A. Yes, I have.</p> <p>25 Q. And then Counsel suggested earlier</p>	<p>1 pathology?</p> <p>2 A. No.</p> <p>3 MS. O'DELL: I have nothing further.</p> <p>4 MR. VOUDOURIS: Nothing further.</p> <p>5 THE REPORTER: Did you both want copies?</p> <p>6 MR. VOUDOURIS: Yes.</p> <p>7 MS. O'DELL: Yes.</p> <p>8 THE REPORTER: Ms. O'Dell, did you also want a  9 rough?</p> <p>10 MS. O'DELL: Yes, please.</p> <p>11 (Whereupon, the deposition adjourned at  12 6:27 p.m.)</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>

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1 - - - - -	1 REPORTER'S CERTIFICATE
2 E R R A T A	2 I hereby certify that the witness in the
3 - - - - -	3 foregoing deposition, KIMBERLY H. ALLISON, M.D.,
4 PAGE LINE CHANGE	4 was by me duly sworn to testify to the truth, the
5 _____	5 whole truth, and nothing but the truth, in the
6 REASON: _____	6 within-entitled cause; that said deposition was
7 _____	7 taken at the time and place herein named; that the
8 REASON: _____	8 deposition is a true record of the witness'
9 _____	9 testimony as reported by me, a duly certified
10 REASON: _____	10 shorthand reporter and a disinterested person, and
11 _____	11 was thereafter transcribed into typewriting by
12 REASON: _____	12 computer.
13 _____	13 I further certify that I am not interested
14 REASON: _____	14 in the outcome of the said action, nor connected
15 _____	15 with, nor related to any of the parties in said
16 REASON: _____	16 action, nor to their respective counsel.
17 _____	17 IN WITNESS WHEREOF, I have hereunto set my
18 REASON: _____	18 hand 3/21/2016.
19 _____	19
20 REASON: _____	20
21 _____	21
22 REASON: _____	22 LUCY CARRILLO-GRUBBS RPR
23 _____	23 CSR No. 6766
24 REASON: _____	24 STATE OF CALIFORNIA
25 _____	25
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1	
2 ACKNOWLEDGMENT OF DEONENT	
3	
4 I, _____, do	
5 hereby certify that I have read the	
6 foregoing pages, and that the same is	
7 a correct transcription of the answers	
8 given by me to the questions therein	
9 propounded, except for the corrections or	
10 changes in form or substance, if any,	
11 noted in the attached Errata Sheet.	
12	
13	
14	
15 KIMBERLY H. ALLISON, M.D. DATE	
16	
17	
18 Subscribed and sworn	
to before me this	
19 _____ day of _____, 20 _____.	
20 My commission expires: _____	
21	
22 Notary Public	
23	
24	
25	